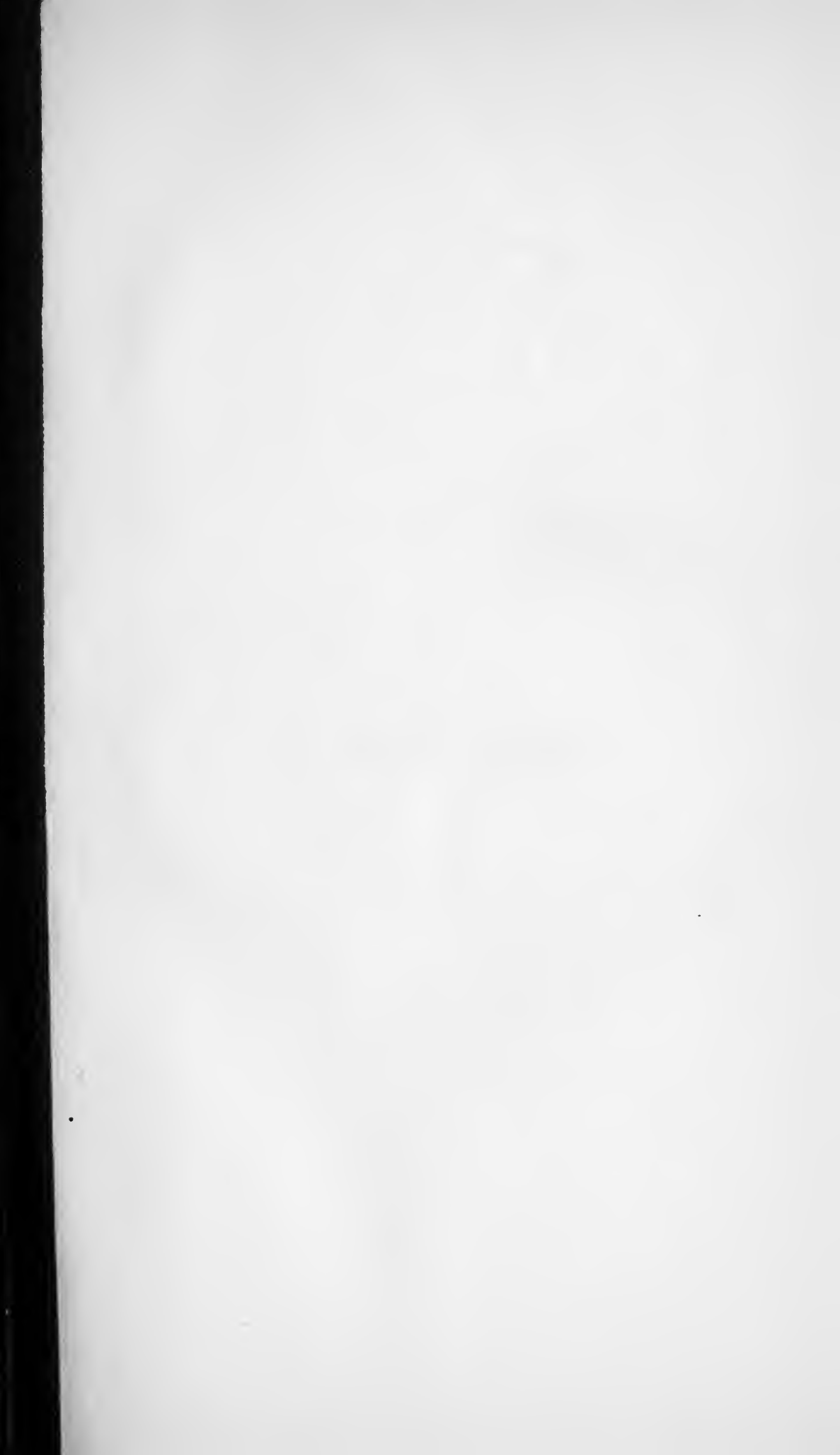


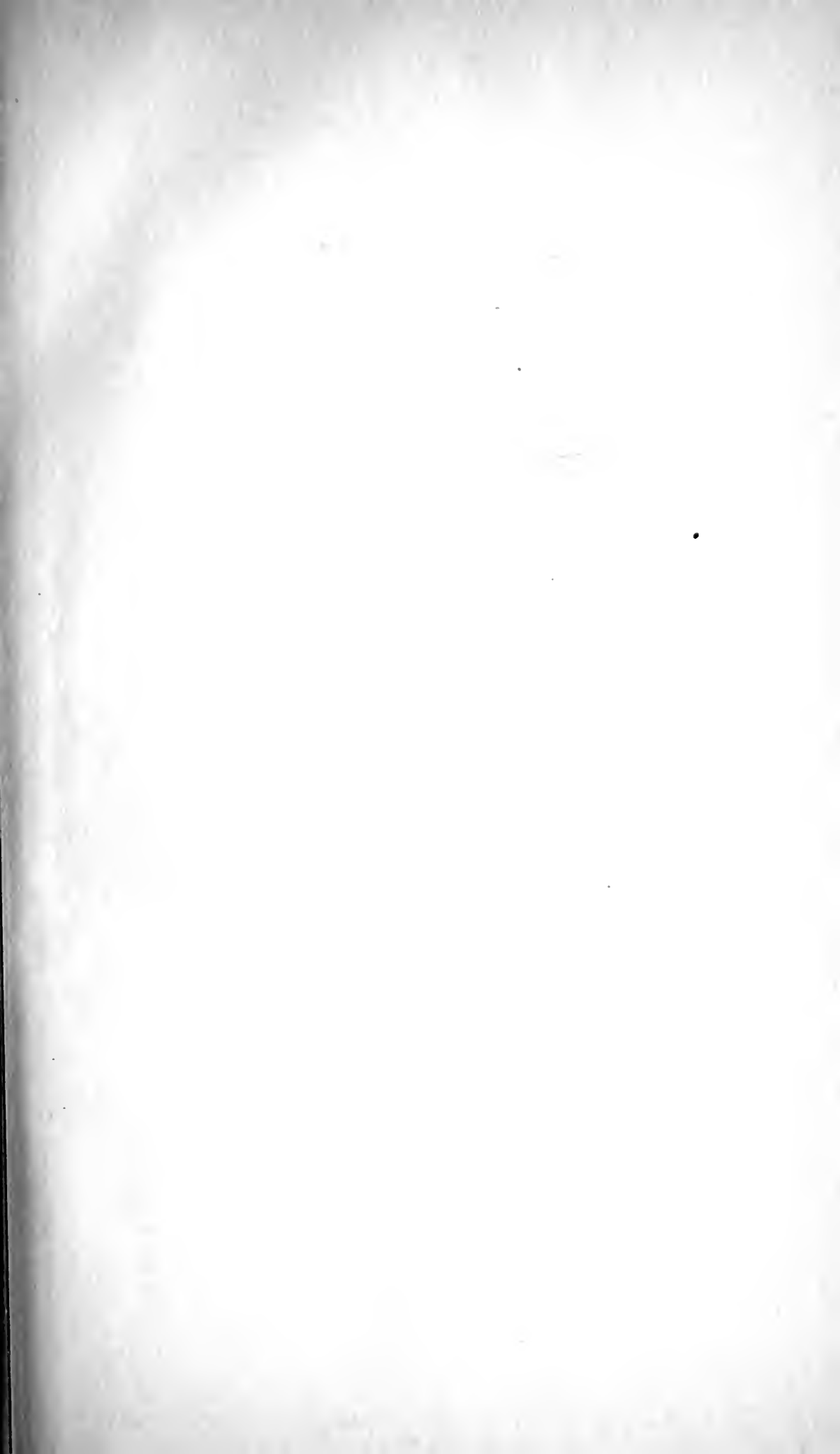
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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 1.

## QUARANTINE LAWS.

Extract from the Proceedings of the Physico-Medical Society of New Orleans.

At a regular meeting of the Physico-Medical Society of New Orleans, held Saturday evening, 15th February, 1845, an article read by Dr. Hort, on the subject of Quarantine laws, was on motion of Dr. Farrell, referred to a committee of five, to report at a subsequent meeting. The President appointed on said committee Drs. Farrell, Hort, Jones, Anson and Dowler.

At the regular meeting of the same Society, Saturday evening, May 10th, the following report was submitted by the committee and unanimously adopted.

The committee appointed to report on the expediency of Quarantine laws as a means of preventing the importation of yellow fever into this city, beg leave to state, that in considering this subject they have felt the responsibility which appertains to questions affecting the health and prosperity of the city, and the lives of the inhabitants.

That while they admire and appreciate the ability with which several eminent medical men have advocated the contagiousness of yellow fever, its importation from the Eastern into the Western hemisphere, and the consequent necessity of the establishment of Quarantine laws, they nevertheless consider that the weight of testimony and of facts is immeasurably on the other side of the question; and which opinion is further confirmed by their own experience and observation.

That they can see no reason why the same local and general causes, under the same circumstances, or very nearly so, should not produce similar results in the production of malignant fevers, in both hemispheres of the world.

That where sufficient causes exist to engender disease in one place, it is useless to speculate on the question of its importation from some other place.

That in reviewing the history of yellow fever for one hundred and fifty years past, the committee have come to the conclusion that it was developed, as were many other malignant diseases, before unknown, by the march of civilization urged forward by commercial enterprise.

That in this way, in the course of time, yellow fever became developed in both hemispheres, confined within nearly the same parallels of latitude, and forming distinct yellow fever regions, in addition to the regions of cholera and plague.

That in the gradual progress of civilization, measures have been adopted, and changes of climate have taken place, which have greatly diminished the yellow fever region in this hemisphere; and that its northern limit is now twelve degrees south of what it was a hundred years ago, in the time of Lind.

That this great result has been accomplished, not by quarantine laws, but by other judicious police regulations, together with great changes in the local features of countries; and those atmospherical changes, over which man has no control.

That quarantine laws, even should their existence be deemed necessary, are inadequate to the protection of a seaport of easy access; as Dr. Rush says, that a *still more rigid* quarantine called for in 1797, in Philadelphia, failed to accomplish the purpose desired. In 1805, the same fact is affirmed by Dr. Rogers, health officer at New York. In 1822, if imported, the system again failed at New York (and in this city, it signally failed in 1820 or '21, when a rigid quarantine was established at the English turn.)

The committee are therefore of opinion, that quarantine laws are unnecessary and inexpedient for the protection of the city.

That even if they did prevent the importation of yellow fever (admitting for one moment, for argument sake, that the disease might be imported), they could not at any rate prevent the existence of diseases equally fatal; such as the congestive fever, and the malignant types of intermitting and remitting fevers.

That facts seem clearly to prove, that the yellow fever has decreased in malignity, in a ratio with the improvements of the city—as the draining of the land in the rear of the city; the paving of the streets; the filling up of empty lots; the use of asphaltum; permitting the river water to run through the streets, when the river is high; and the removal of filth and offal from the streets.

That instead of quarantine laws, the measures last alluded to, should be steadily persevered in, and carried, by an enlightened policy, to a still greater extent; which would not only have a tendency to avert yellow fever, but all other malignant diseases, peculiar to our climate and position, at a particular season of the year.

The committee, in conclusion, sum up this report by declaring:

That they believe the yellow fever to be a disease of local or domestic origin, and that it is not an imported disease.

That it is never contagious.

That it may be made to yield to judicious police regulations.

That quarantine laws are very expensive to the community, and that they are not only unnecessary and inexpedient, but worse than useless. They therefore recommend:

1. That the commissaries in each ward be required to look into back yards and lots; and be authorized to cause everything offensive to be promptly removed.

2. That the different Councils of the city should exert themselves to the utmost in their official capacity, to have the surface of the earth cov-

ered over with something, to prevent the exhalations from the alluvial soil on which the city is built ; either round or paving stones, or bricks, or shells and sand, or asphaltum.

3. That the owners should be compelled by law to fill up all low swampy lots within the limits of the city.

4. That all offal deposited in the streets should be promptly removed ; and if possible, before the heat of the day.

5. That whenever the river is high, the water should be allowed to run through the streets day and night : and that when it is too low, the water works, or if necessary, additional works established for the purpose, should be brought into play.

6. That above all, particular attention should be paid by the city authorities, to the alluvial bank, particularly under the wharves of the Second Municipality, which is annually uncovered as the river falls, exposing an immense surface of fresh deposit, covered with every kind of decaying vegetable and animal matter, which daily accumulates, either carried there by eddy currents of the river, or thrown in by the inhabitants.

The committee deem this last consideration to be of the highest importance, as there is every reason to believe that the bank of the river, under the wharves, is more productive of disease in the summer than all other causes in the city, combined.

7. That instead of depositing the filth and offal collected in the streets by the scavengers, in empty lots or in the rear of the city, it is recommended to the city authorities to have all such filth and offal thrown into the current of the river.

They would also observe, that the measures just recommended would not be attended with one-fourth of the expense of a quarantine establishment properly conducted ; while, should they be pushed forward with zeal and energy, the time might, and no doubt would, ere long arrive, when New Orleans would no longer be within the yellow fever region ; and consequently exempt, not only from that pestilence, but from all the other fatal diseases of the summer and fall, peculiar to our climate and to our position. This accomplished—what would there remain to retard the growth and prosperity of our city ? She would speedily accomplish her high destiny, and in less than a quarter of a century become the most wealthy, prosperous and populous city in the western hemisphere. —*New Orleans Med. Jour.*

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#### CASE OF INJURY OF THE HIP, BY A FALL, WITH EXFOLIATION OF THE BONE.

By John M. Ross, M.D., of Marion, Mississippi.

THE case which I propose to detail, if it furnishes nothing new in principle or practice, affords, at least, a striking illustration of the *vis medicatrix naturæ*, and of the aid which it is often in our power to render to her curative efforts, by slight surgical interference.

The subject of the injury and operation which I am about to describe,



was a negro man, aged 45 years, of robust frame and good health. Eight years ago he fell from the second story of a house, by which he received a severe contusion in the right hip, but no fracture that could be discovered. The parts were lacerated to a considerable extent, as well as bruised. From bad management, or because the injury was more serious than was suspected at the time, he did not recover from the wound for near a twelve month. About that time he was able to resume his active occupation, and all that remained of the injury was a dull, dragging pain in the parts that had been wounded, the pain increasing in wet or cloudy weather, as also during any disease. He remained in this condition until Friday, the 13th of March last, when he was suddenly taken with a severe pain in the hip, extending to the lumbar region, accompanied with a severe chill, which was followed by fever. On Saturday the pain extended to the abdomen, and was more severe. The chill and fever also returned. These regular returns continued, with increased pain and soreness, until Tuesday, the 17th, when I was called in great haste to see him.

I found him suffering excruciating pain, and much prostrated; his countenance was haggard, pupils much dilated; a cold, clammy perspiration covered his entire surface. The abdomen was remarkably tender on pressure, and he experienced great difficulty in discharging his urine. It was ascertained that large quantities of pus passed from his bowels; his pulse was about 40 in a minute; he complained of the lower part of his bowels mostly, and said that he could feel something hard there.

From these alarming symptoms, I entered into a close examination, and soon found a spicula of bone lodged in the rectum, so near the external orifice, that I could get hold of it with a common pair of forceps; it was, however, apparently fast and immovable, being held by its rough, serrated edges.

Having the patient in a convenient posture, I made further examination with a probe, and soon found that the bone had not yet passed into the rectum, but was just entering. In size the bone was about one inch and a half in length, and three quarters of an inch in width, with an irregular, rough appearance. Finding that it could not be removed without an operation, I made an incision by a scalpel, having introduced a grooved director through the anus, and along the superior margin of the bone to its full extent. The cut extended about three quarters of an inch, and the bone was extracted with a pair of forceps. But little hemorrhage ensued, nor was the quantity of pus discharged as great as I had expected. The operation was completed by bringing the edges of the wound together and applying simple dressings. Afterwards I gave the patient twenty drops of laudanum, and thirty drops of tincture of catechu, and ordered that he should abstain from all highly-seasoned or stimulating food and drinks. His pulse soon rose to about 70, and he fell into a tranquil sleep, in which state he remained until the following morning. The next day after the operation, I returned and found him in a state of perfect ease. I ordered him to take two ounces of castor oil, and permitted him to drink a small quantity of soup; directed that he be kept



in a perfect state of rest, in a recumbent posture. Returned next day, and found my patient quite cheerful, without any discharge of pus, bowels open, skin moist, tongue clean, no appearance of inflammation, divided parts healing well, pulse about 75. I again ordered oil to keep the bowels soluble, and put the patient upon a low diet. I saw him again on the 20th; everything was progressing well; no pain or fever. The same directions to be continued. My visits were now discontinued, and I saw him no more until a few days since, when he had regained his strength, felt his hip stronger than it had been before for eight years, and with less pain in it; in a word, as he expressed it himself, feeling like a new man.—*West. Jour. Med. and Surg.*

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#### CASE OF INTUSSUSCEPTION.

DR. S. J. JEAFFRESON related the following case at a late meeting of the Royal Medical and Chirurgical Society.

The case was that of a young man, aged 17, to whom the author was called on the 26th of May, 1844. He was laboring under general febrile symptoms; there was an anxious expression of countenance; the abdomen not tender under pressure, but becoming tympanitic; nothing could be retained on the stomach; the matters vomited had a grass-green appearance; there was painful tenesmus without evacuations. Calomel and opium, purgatives of senna, croton oil, &c., with turpentine glysters, were used up to the 28th, without success. On that day, the author considered that decided symptoms of inflammation of the bowels and peritoneum had set in; the belly was generally tender, especially in the left hypochondrium, where a distinct hard tumefaction was observed; leeches, fomentations, &c., were used in addition to the other means, but no evacuations took place until the 31st, when there were very copious and offensive discharges from the bowels, and the vomiting ceased. From this date, the patient gradually recovered, copious evacuations took place, charged with much gelatinous-looking mucus, and, on one occasion, a small quantity of blood.

On the 5th of June there was discharged from the bowels what the author supposed to be either a portion of the small intestine, or a cast of it (of coagulable lymph). It was about two inches and a half or three inches in length, and of a tubular form, smelt horribly putrid, and one or two minute points presented the appearance of sphacelus. After this, with some slight interruption, the patient recovered. The substance voided was examined under the microscope by Mr. Toynbee, who stated that he found cellular tissue, traces of bloodvessels, and nerves and epithelium.

Mr. Dalrymple, who also examined it, thought that involuntary muscular fibre might also be detected, but could not speak positively from the preparation having been placed in spirits of wine for some time.

The author draws attention to one point in the treatment—namely, the abstinence from any active depletion on the 28th, when symptoms of

inflammation had decidedly set in. At this period, he observes, a free evacuation of blood would probably have reduced the inflammatory action and relieved the immediate sufferings of the patient; but it might also have masked the symptoms and checked the reparative processes of adhesive inflammation, on which the recovery of the patient depended.

Dr. Webster agreed with Dr. Jealreson, that cases of recovery after a portion of the bowel had been strangulated and sloughed away, were exceedingly rare. He had some years since attended, with Dr. Webster, of Dalwich, a case, in which at first the symptoms were very obscure. After a time, however, a portion of the bowel, twenty-seven inches in extent, was expelled, and the patient recovered. The preparation was in University College Museum.

Dr. C. J. B. Williams was surprised that both the author of the paper and Dr. Webster had considered that cases of this description were very rare. They might be so, it was true, in the experience of a single individual, but they were by no means uncommon in the records of British and foreign medicine. In the tropics, particularly, portions of intestine, of feet and not inches, in length, were frequently expelled, as the result of dysentery. He had lately read in the Transactions of the Medical Society of Bombay several instances, in which two or three feet of intestine were thrown off. This seemed the way, indeed, in which a cure from intussusception was effected by the efforts of nature.

Dr. Burrows inquired the experience of any surgeons in tropical climates, with respect to the cases in question.

Mr. Fitzmaurice, as a retired army surgeon, who had long practised in Ceylon, remarked, that it was not uncommon for a portion of bowel to be thrown off in severe cases of dysentery, when affecting the native soldiery—the Europeans generally escaped. This form of disease was called “slough dysentery,” and it was common for six, eight, twelve, or even eighteen inches of intestine to come away. Many preparations illustrative of this were in the museum of Woolwich.

Dr. Webster, in his observations, had referred to the disease as rare in this country. It might be comparatively frequent in hot climates.—*London Lancet.*

#### POST-MORTEM CALORICITY OF YELLOW FEVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The kindness with which you have mentioned a portion of my humble labors, inspires me with new zeal, and is, at the same time, a proof that a generous sympathy is not wanting in our noble profession. I have copied the following unpublished cases, illustrating the *post-mortem caloricity of yellow fever*, hoping that they may prove worthy of a place in your pages.

Please accept the esteem and gratitude of your humble servant,

BENNET DOWLER.

*New Orleans, July 15th, 1845.*

CASES.—*The morbid caloricity, very great and uniform, from one to two hours after death, dissipates itself equally and simultaneously in the epigastrium and thigh.* October 2d, noon; room  $84^{\circ}$ . I. S., a German butcher, aged 29; last from Havre; resident eleven days; sick nine days; dead one hour; neck quite rigid, arms and legs moderately so; corneæ brilliant and natural, &c.; [at the commencement of the experiments, both pupils were dilated—one eye was closed—its pupil remaining stationary; the other pupil, after exposure to light, contracted in an hour; all the while the covered cornea was natural, while the exposed one, from desiccation, became dim or glassy;] axilla in 20 minutes,  $106^{\circ}$ ; the thigh in 10 m.  $106^{\circ}$ ; the left chest in 15 m.  $106^{\circ}$ ; the thigh in 5 m.  $106^{\circ}$ ; the epigast. in 10 m.  $106^{\circ}$ —5 m.  $105^{\circ}$ ; thigh in 5 m.  $105^{\circ}$ —10 m.  $104^{\circ}$ —three hours dead.

*The thigh gives the maximum—the whole mass at about  $106^{\circ}$ , as long as observed.* N. E., born in Italy, aged 25; last from Marseilles; resident seventeen days; sick six days; dead twenty minutes; [abdomen concave, recti muscles contracted into hard knotty ridges; neck rigid; limbs flexible; the arm was extended—an axe or large hatchet being tied in the palm, the flexors of the fore-arm were struck with the inferior edge of my extended hand; the subject raised the fore-arm, carrying the weight, about three lbs., several times, striking the same near the centre of the trunk, at several places from the umbilicus to the upper end of the sternum, &c.—See Note.]—axilla 8 minutes,  $106^{\circ}$ ; perineum (closing the limbs) 5 m.  $104^{\circ}$ ; axilla 5 m.  $106^{\circ}$ —6 m. over  $106^{\circ}$ —3 m. same; thigh 4 m.  $105^{\circ}$ —5 m.  $106\frac{1}{2}^{\circ}$ ; epigast. 4 m.  $106^{\circ}$ —2 m.  $106^{\circ}$  and over; left chest 6 m.  $105^{\circ}$ ; thigh 9 m.  $106\frac{1}{2}^{\circ}$ ; left chest 5 m.  $104^{\circ}$ ; epigast. 5 m.  $106^{\circ}$ ; thigh over  $106^{\circ}$ , at about two hours after death, when the experiments were abandoned.

*Two hours after death the heat continues to augment—soon reaches its maximum, continuing stationary, except a slight oscillation, for two hours—at the sixth hour, the law of atmospheric refrigeration prevails.* Miss I., aged 23—skin very cold to the touch in the last stage of the black vomit. Died at 10 A. M., Sept. At noon air about  $80^{\circ}$ ; two hours after death—axilla in 5 m.  $102^{\circ}$ ; vagina 5 m.  $104^{\circ}$ —5 m.  $105^{\circ}$ —10 m.  $105^{\circ}$ ; axilla 5 m. nearly  $104^{\circ}$ —10 m. the same. Three hours after death, vagina 5 m.  $104^{\circ}$ ; epigast. 7 m.  $105^{\circ}$ —3 m. falling—8 m.  $104^{\circ}$ ; vagina 5 m.  $104^{\circ}$ , falling; rectum 5 m.  $104^{\circ}$ . Four hours after death, epigast. 5 m.  $104^{\circ}$ —3 m.  $104^{\circ}$ ; vagina 5 m.  $104^{\circ}$  nearly. Six hours after death, axilla and thigh each  $100^{\circ}$ ; epigast.  $103^{\circ}$ .

*The thigh the hottest, but cools pari passu with the centre, contrary to the law of refrigeration in dead matter.* F. L., born in, and last from, France, aged 58; resident two months; sick eleven days; died Sept. 13th, at 5 P. M.; room  $86^{\circ}$ —10 m. after death, axilla  $102^{\circ}$ ; knees by contact, without incision, 4 m.  $102^{\circ}$ ; rectum 5 m.  $104^{\circ}$ ; axilla 5 m.  $104^{\circ}$ ; thigh 3 m.  $104^{\circ}$ —6 m.  $106^{\circ}$  and over; epigast. 4 m.  $106^{\circ}$  and over; thigh 3 m. nearly  $108^{\circ}$ —3 m.  $108^{\circ}$  fully—5 m. fell to  $104^{\circ}$ ; left lung 5 m.  $104^{\circ}$ —right, in 5 m. over  $103^{\circ}$ ; the other thigh 3 m.  $104^{\circ}$ —2 m.  $104^{\circ}$ —3 m.  $104^{\circ}$ ; base of the right lung  $103^{\circ}$ ; thigh

(old incision)  $103^{\circ}$ ; epigastrium  $103^{\circ}$ . Nineteen hours after death; room  $86^{\circ}$ ; epigast.  $89^{\circ}$ ; thigh  $89^{\circ}$ ; left chest  $88^{\circ}$ —right  $89^{\circ}$ ; middle of the arm  $89^{\circ}$ ; calf of the leg  $86^{\circ}$ , exactly agreeing with the air. This subject, before rigidity set in, performed supination, pronation and flexion most beautifully. When the arm was extended at a right angle with the trunk, a blow over the biceps, not sufficient to injure the living, caused the fore-arm to bend, carrying the hand to the chest repeatedly.

*Calorific focus in the epigastrium; in two hours the thigh exceeds the heart in temperature more than  $4^{\circ}$ .* F., born in Cincinnati; steam boatman; aged 24; resident eleven days; treated with foot-bath, cups, enemata, sponging with hot brandy, carb. ammon., sinap., camphor, phos. calcis, cold to the head, arteriotomy. Aug. 29, 11 A. M., air  $83^{\circ}$ ; sick eight days; hand 15 m.  $104^{\circ}$ ; axilla 10 m.  $105^{\circ}$ . Sept. 1st, 1 P. M., room  $84^{\circ}$ . Dead half an hour; axilla 5 m.  $101^{\circ}$ —2 m.  $104^{\circ}$ —2 m.  $105^{\circ}$ —2 m. over  $106^{\circ}$ —2 m. same; thigh 5 m. over  $106^{\circ}$ —2 m.  $107^{\circ}$ —2 m.  $108^{\circ}$ —2 m.  $107^{\circ}$ ; axilla 5 m.  $107^{\circ}$ ; left epigast. 3 m.  $109^{\circ}$ —2 m.  $109^{\circ}$ ; right epigast. 5 m.  $109^{\circ}$ ,—at sundry places by perforating the linea alba,  $106^{\circ}$ ; thigh 5 m. over  $106^{\circ}$ —5 m. same; base of the lungs and heart each  $102^{\circ}$ —an hour after removing the abdominal viscera, the thigh gave  $33^{\circ}$  of Réaumur, or more than  $106^{\circ}$  of Fah. [A blow given with the flat side of the hatchet, over the biceps, caused the hand to be placed against the ear; a second blow carried it to the nipple; a third brought it to the perpendicular; a fourth gave but a feeble motion to the hand, without elevating the fore-arm. The blows had been purposely severe; the contractility was killed; the muscle became inelastic or doughy, receiving the impression of the instrument from the last stroke. An hour after the other arm was very contractile.]

NOTE.—*Post-mortem* muscular contractility, and its very curious laws, I accidentally noticed several years ago; its production, duration and decline were all new to me. I have sought in vain for any satisfactory record of these phenomena, except in connection with galvanism. Had I time, I could turn to my MS. volumes containing some cases wherein this property continued six to seven hours after death, and hours after amputating the shoulder, with all its muscles—the fore-arm flexing so violently as to turn the shoulder over, causing the deltoid to rest on the table, instead of being uppermost, as it was before the muscular action. It is my intention to give an outline of this subject, as soon as convenient. I certainly do not wish to indulge any unwarrantable pretensions to discovery. Perhaps every body knows the facts to which I allude. But it is strange that our teachers do not show these experiments to students; they are infinitely preferable to the mummerly of galvanism. A blow with the professor's hand will explain more of muscular contraction, than a thousand words. The muscles may all be even severed except the flexors of the fore-arm—the latter being dissected bare—the whole process and duration of contraction pass before the eyes, even after the amputation of the shoulder, proving that the spinal marrow is not necessary “to the contractile function of the limbs,” as said by Dr. Hall.\* Generally,

\* Vide the able work of Dr. M. Hall, *New Syst.*, p. 42.

muscular rigidity (*rigor mortis*) first begins, and first ends, in the neck; *post-mortem* refrigeration takes place first in the head—these, with many other phenomena, incline me to think that soon or late it will be admitted that death, usually, if not always, begins in the brain, and that the body dies downward along the centre, and then outwardly, notwithstanding all that the illustrious Bichat has said of death beginning in the heart and lungs. The biceps muscle outlives any of the organs called vital.

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#### THERAPEUTIC APPLICATION OF ARSENIC, &c.

By Daniel Holt, M.D., New Haven, Ct.

[Communicated for the Boston Medical and Surgical Journal.]

THIS article has been long held as a powerful remedial agent, and as it is a violent poison when misapplied, we have every reason to believe it a powerful remedy when well chosen, for a poison and a medicine are but the same thing in different circumstances. Still it is often given with little effect, and sometimes we fear only to do injury. I apprehend it is given too indiscriminately, without definite indications for its use. It is called a tonic, but in many cases of pure debility will have little or no effect, in any dose which it will be safe to continue; as an alterative it is useless in many cases, or until a quantity is given which makes the effect of the remedy as bad as the disease. But in other cases its effects, either as an alterative or tonic, are speedy and permanent. My opinion has long been that there are particular pathological conditions, in which this article (as is the case with many other remedies) is especially appropriate, and in these conditions, whatever the disease may be, though it will exist in some diseases more than others, it produces its specific effect to the condition, and hence it cures. Dr. Ellsworth (who, by the way, has made some very correct observations) would call it a "specific stimulant" effect. I conceive it acts as a tonic, only by so changing the diseased action of some of the parts concerned in digestion, assimilation, or nutrition, as to make more red blood. It is considered especially valuable in diseases of a periodical character. Still, all periodical diseases are not benefited by it, whether they are neuralgic, marsh intermittent, or remittent, though it is one characteristic of the condition indicating arsenic as a remedy, that it is more effective in a periodical disease, other things being equal, than where all the symptoms are continuous, whatever the disease may be; but it is an effectual remedy in a great variety of diseases both acute and chronic, and in some cases its effects are speedy, where the conditions of the system are such as to obtain its effects. Arsenic is generally more effectual in diseases of debility, but more especially those attended with a vitiated state of the system, with bad secretions. When some or many of the following symptoms attend a particular disease in which arsenic is used as a remedy, we may, I think, depend upon much more beneficial results than when the opposite obtains:—general debility; a pale, bloated or earthy countenance, distorted features, with a cold bluish

appearance of the surface, disposed to petechiæ; paroxysms of whatever nature, occurring especially late in the day, attended with general prostration; derangement of the alimentary canal; a white or brown clammy state of the mouth, and the whole tract of the alimentary canal, as it were, indicating a tendency to incipient gangrene; green and dark evacuations, with general disturbance of the stomach and bowels, attended with burning sensation, and vitiated and profuse secretions. Where many of these symptoms are present, in a great variety of diseases, it will be found a valuable remedy, and will often of itself in a short time produce a great change in all the symptoms, and restore the healthy functions; the appetite and strength will improve, as the morbid symptoms disappear. We have often given it in typhus and other fevers; in inflammations, in bowel complaints, acute and chronic; in the various nervous affections, scrofula, cutaneous affections, &c., and where most of the above symptoms were present, indicating a peculiar state of the system, have seen the most decided effects. Whereas, when we have given it in those diseases in which it is commonly recommended, and found it to fail, an opposite state of the system has generally been observed. I have given it in a case of severe cough of two or three weeks standing, where there was great coldness and debility, loss of appetite, nausea, periodical nightly spasmodic cough with free and unhealthy secretion, and all the symptoms were relieved *instantly*, as it were; indeed the patient would scarcely cough after commencing the remedy. So in other diseases, when rightly given.

This, however, is not peculiar to this article; it will hold true with many, and probably most, of our most efficient medicinal agents. It is certainly true of mercury, of iodine and its preparations, of quinine, of nit. silver, of ammonia, &c.; and hence these articles have been classed differently by different writers, and viewed differently by different practitioners. If they are appropriately given, they seem to act as tonics; that is, they remove the unhealthy condition. If they are given improperly, if not directly reducing they become so by allowing the disease to continue. Every medicine has its appropriate condition, in which its effects are manifested to best advantage, but which has been too much overlooked by the medical profession. There are, in my view, few medicines which are specific to particular diseases, but many which are so to particular conditions of the system, and when so applied, cure "*cito certe et jucunde*." The profession in general have been too much upon general principles in the application of remedial agents to the cure of disease; and have neglected the specific application of particular remedial agents to particular morbid or pathological conditions.

#### INFLUENCE OF CLIMATE, IN WESTERN AFRICA, ON THE MIND.

[THE writer of the following letter, addressed to the Rev. Joseph Tracy, of Boston. Secretary of the Massachusetts Colonization Society, is Dr. Lagenbeel, whose name has been frequently brought before the medical



public. It is from a source of such respectability, as to entitle it to the fullest consideration. Dr. Lugenbeel is Colonial Physician and a resident of Liberia.]

Dear Sir,—Your letter bearing date December 6th is now before me, and I beg you to accept my grateful acknowledgments for the same, and for the interesting pamphlet which you kindly sent me.

Correct answers to the inquiries you make, relative to “the influence of the climate, or acclimating fever, of Western Africa, on the *mind*,” are not less difficult than important; for, as you are aware, much more extensive and protracted observations are necessary, to enable one to form a correct opinion, relative to the effects of disease on the mental, than on the physical system. That a very great sympathy exists between the mind and the body, even in a state of health, there can be no question. And in all kinds of fevers, in all climates, this sympathy is obvious, to a greater or less extent. That the health of the body depends, in a great measure, on the healthy condition of the mind, and *vice versa*, no one can doubt. And, in the treatment of physical diseases, the judicious physician takes advantage of this, and endeavors to enjoin quietude and *cheerfulness* of mind on his patients; which, in some cases, are *sine qua non*s to their restoration to health. This course is especially necessary in the treatment of the acclimating fever of this country; for it is obvious to all who have carefully observed the effects of fevers on the mind, in this country and in the United States, that the physico-mental sympathy is more clearly exhibited in the former, than in the latter. Indeed, the greatest difficulty that I have to contend with, in the treatment of the fever which usually attacks new comers, within a few weeks or months after their arrival in this country, is to prevent that mental depression or despondency which is so frequently an attendant on the disease. And I have invariably found, in cases in which the patients obstinately and pertinaciously yielded to despondency, and abandoned all hope of getting well, that, sooner or later, their expectations were realized, and death closed the scene. A striking instance of this kind occurred a few weeks ago, in one of the last company of immigrants. The individual, a man about 30 years of age, was the first of the company who was taken sick; and, although his attack was not very violent, and although the urgent symptoms yielded readily to appropriate medical treatment, yet from the onset until his death, a period of about two weeks, he seemed to be determined not to get well; and I found it impossible to inspire him with the least degree of hope. I felt particularly interested in this case; for I was apprehensive that, if it terminated fatally, the result might have an injurious effect on the minds of some of the rest of the company. But, so well convinced were they that he might have recovered, had he exercised a little more patience, and not been so obstinate, that my fears were dissipated even before he died. On the other hand, I have had the charge of cases, in which I had much more cause to apprehend death, in consequence of the violence of the disease, than in the case to which I have alluded; and yet, by being able to induce the patients to banish all

gloomy forebodings, and to bear their afflictions with patient resignation, I have had the satisfaction of seeing them recover, in a reasonable time.

There are comparatively few cases, in which more or less mental despondency does not exist. I have seen several individuals who were all life and cheerfulness, before they were taken sick; but as soon as the fever had taken hold of them, the scene was changed, and they scarcely appeared like the same persons. This depression of spirits generally subsides gradually, after the subsidence of the fever. But as most persons are more or less subject to irregular intermittents, for some weeks or months after the first attack of fever, they are also liable to irregular exhibitions of mental despondency; and I generally find that the condition of the mind, as regards cheerfulness or depression, is strikingly characteristic of the condition of the physical system. It is not unusual for me to visit patients on one day, and find them cheerful and contented; and on the following day, find them melancholy and dejected, and disposed to exaggerate their sufferings; and perhaps, in answer to my inquiries relative to their feelings, they will tell me that they cannot get well.

And here I would remark, that I have observed with pleasure, and have experienced in my own case, the salutary influences of religion on the diseases of this country, to a greater extent than I ever observed, during a practice of two years in the United States. Whenever I have been called to a patient, whose heart and mind were sufficiently influenced by divine grace, to enable him to trust implicitly in God, and to submit patiently to any and every dispensation of Providence, I have been enabled to enter on the performance of the responsible duties of my profession, with far more encouragement of success, than in cases of an opposite character. And, in regard to my own case especially, I confidently believe that the comforts and consolations of religion have had more influence in the preservation of my health, than anything else. When the sting of death is thus removed, the prospects of life in Africa are vastly augmented.

But, as I apprehend your inquiries refer particularly to the permanent effects of the climate and fever on the mind, I will endeavor to state the substance of my observations on this point. And first, permit me briefly to state my own case; for, although I congratulate myself in not yet having become insane, yet I cannot say that, during a residence of fifteen months in Africa, my mind has not become in some measure affected by the peculiarities of this climate, or by the frequent slight attacks of fever which I have experienced. The principal effect that I have observed in my own case, is an impairment of the memory. I find that I cannot retain anything that I read or hear, with as much facility as I formerly could; and many things which were once almost as familiar to my mind as my own name, have "gone glimmering, like the dream of things that were." I also find that I cannot apply my mind to any particular object or objects, either in reading, writing, or meditation, for any considerable length of time, without becoming more or less confused, and experiencing an almost irresistible tendency to wander into the trackless regions of unbridled imagination, or into the visionary fields of unprofitable musings.



I believe that I could acquire more knowledge, by study, in three months in the United States, than I could in a year in Africa.

Another effect which I think I have observed in my own case, is a greater degree of irritability of temper. Notwithstanding I believe I enjoy more religion in this country—live nearer to a throne of grace—than I did in the United States; yet I find more difficulty in preserving an equanimity of mind, amidst the cares of life—an evenness of temper, amidst the changing scenes of time. My mind is more apt to become ruffled by things of comparatively minor importance; and I think I observe a greater tendency to loquacity, and unprofitable disputations; especially when I am feverish, which is frequently the case, even when I am able to go about and attend to the duties of my vocation. The little difficulties of life are also, in imagination, increased in magnitude—the mole-hill sometimes seems like a mountain; and, instead of stepping over the one, I am more inclined to prepare for a flight across the other.

These effects are perhaps more or less observable in the large majority, if not in all cases, of individuals who emigrate from the United States to this country. I have frequently heard persons say that their memory is not as good as it was in America; and, in regard to irritability of temper, I have no doubt that all intelligent and candid persons will acknowledge that they experience a greater liability to err in this respect, in Africa, than they did in America.

In regard to the influence of the climate and fever on different classes of persons, with reference to color, age, habits and intellectual culture; I think my observations justify me in saying, that persons of dark complexion are less liable to be injuriously affected, both physically and mentally, than those of lighter color—the ratio being, *ceteris paribus*, in proportion to the depth of color of the skin. The young are less liable to be affected than the old. And persons of industrious habits and enterprising spirits are, of course, less liable than those of an opposite character. In regard to persons of cultivated intellects, contrasted with the uneducated, I think the former are more liable to mental injury, than the latter, simply from the fact that the fever has more to operate on.

I cannot say, however, that any peculiar traits of character are produced by the influence of the climate, or the acclimating fever of Western Africa; or that permanent mental alienation, or insanity, is more common in Liberia than in the United States. Insanity is by no means common among the natives; and I know of only two really insane persons in the Colony. On the whole, I cannot perceive that the climate, or the acclimating fever, of this coast, has any very marked permanent effect on the human mind, other than the effects to which I have alluded; and even those may be only temporary—dependent, in a great measure, if not altogether, on the frequent febrile exacerbations, to which such persons are subject, in whom those effects are most clearly exhibited.

In answer to your inquiry respecting the interior limits of the fever region, I cannot give anything very satisfactory, in consequence of the circumscribed extent of my observations. From frequent conversations, however, with persons who have travelled to the distance of from 100 to

200 miles inland, I am satisfied that the country, even within 50 miles of the coast, is comparatively healthy. The land is mountainous, the water pure, and the temperature of the atmosphere congenial to the feelings. There can be no doubt that beyond the influence of the low, swampy ground, along the coast, the liability to disease is much less, and the chance of a long life much greater. It is very evident, however, that the physical system of every individual who removes from a temperate climate to a tropical one, must undergo some change—must experience some process of acclimation; which may or may not be attended with much fever, according to circumstances—to the constitutional peculiarities of the individual, the nature of the surrounding country, mode of living, &c. This change, no doubt, must be experienced, whether the individual locates in an elevated region in the interior, or in the immediate neighborhood of the pestiferous swamps along the coast. But, of course, the liability to active or violent disease would be much less in the former than in the latter location; and the individual would, perhaps, be entirely exempt from those frequent irregular attacks of intermittent and remittent fevers, to which all are exposed while residing in the vicinity of low, marshy land.

I think it is very probable that I could enjoy as good health in the mountainous regions of Africa, within less than one hundred miles from the coast, as I could in many parts of the United States.

Yours truly,

J. W. LUGENBEEL.

#### PROTRACTED WAKEFULNESS.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—Some four or five months ago, you said that a correspondent in Wisconsin had inquired if I yet slept; and asked me to reply. I was then gathering strength, and had hope that, with improved health, the blessing would again be restored; but with the month of May came debility and miserable nights.

On the 18th inst., I embarked in a steamboat bound for Bangor, which sailed at 5 o'clock, P. M. The sea air was refreshing, and the voyage, during night, under a full moon, altogether delightful.

About 7 next morning, I landed at Camden, was immediately welcomed by a friend, taken to his house, and introduced to a fine family. After breakfast, expressing desire to go to the top of the rocky hill adjoining the village—the lowest of a range called the Camden Mountains—my friend sent his son with me, who, gun-in-hand, was my conductor to the summit, some seven or eight hundred feet above the level of the sea. There, we spent the forenoon, enjoying charming prospects of Penobscot Bay, studded with islands, and the surrounding country varied in every way, so far as the eye could reach. The hill is overspread with whortleberry and blueberry bushes; so, when fatigued, we had only to drop down, as on a sofa, and partake of delicious fruit.

After dinner, my friend drove me, in a carriage, some five miles back

into the country—the greater part of the way, along the margin of Migunticook Lake, and under a terrific precipice, whose huge boulders every moment threaten destruction. In fact, the whole of a bright sunny day, cooled with healthful zephyrs, was spent in pleasurable excitement. Interesting conversation beguiled the evening; and, after family worship, I sunk to rest in a luxurious curtained bed. Ere long, I slept; and, about 5 o'clock next morning, was awakened by the crowing of the cock. This was the only night's sleep I have had these last six years and seven months; so held me God. Since then, my nights have been tedious, as usual, without sleep, and some of them distressing.

Yours faithfully,  
*Marlboro' Hotel, Boston, July 31, 1845.*

ROB. F. GOURLAY.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 6, 1845.

*Volume Thirty-three.*—With this number, another volume of this Journal is commenced. In looking back on the past, we find that twenty years have wrought extraordinary changes in the circle of our acquaintance. While each revolving year brings new friends and patrons, those who have cheered us on the way, and befriended us in early days, both by their counsel and literary assistance, are fast leaving the stage. It is a sad reflection, that those who entered upon the active pursuits of professional toil with us, are thus gradually narrowing down to a small company. But with regard to many of them the odor of a good name remains; a man's meritorious deeds live, though he is mouldering into dust.

As the fashions of garments change, so do opinions and theories in medicine. There have been many such revolutions since this Journal was established, and the people who advanced them, and who wrote with energy and contended, with becoming dignity, in maintaining great principles on many grave subjects, are not only forgotten themselves, but their efforts also. A new class of thinkers, writers and practitioners are rising into prominent notice. They profit by the learning of their predecessors, and it is to be hoped will lend their aid, in carrying forward the work of human improvement, to bless the generations that are to follow.

*Dr. Dickson's Essays on Pathology and Therapeutics.*—Owing to some mishap, the first volume of this recent production, in two well-proportioned octavos, has but just reached us, although the second had been on hand some weeks.

No one can expect to be wholly and absolutely original, at this late period, in any department of medicine. Still, to exhibit a familiarity with all the authorities extant, and to teach the great laws of vitality in accordance with acknowledged truths, shows a well-disciplined mind, and a devotion to the interests of humanity.

In compliance with the wishes of successive classes at the Medical

College of South Carolina, the author of this work, Dr. S. H. Dickson, who is the professor of the Institutes of Medicine, consented to publish the substance of his annual course of lectures. Dr. Dickson possesses the virtue of modesty, and the manner in which he speaks of gentlemen already in the field is much to his credit. "The student or young practitioner," he says, "who has in his hands the volumes of Cragie, Copland, Dunglison and Mackintosh, can require nothing more of that compendious and extensive character. Besides this, the real utility and success of a different class of writings, in style and manner less formal and more popular, Elliotson's, Graves's, Stokes's, Chapman's and Watson's lectures, have decided me to give to the press, with little alteration, the substance of the essays which constitute my College course of instruction." The first volume contains twenty-one chapters, written with taste, and under the guidance of a sound judgment. We are constantly impressed with the extent as well as exactness of Dr. Dickson's knowledge. It is a characteristic feature of his writings, that they leave no room for the origin of a doubt, so far as his own mind or observation are concerned. In this volume are embraced the cause of disease, malaria, animal putrefaction, contagion, epidemics—nosological arrangement, diseases of the circulatory system, idiopathic fever, &c. The second embraces a great circle of diseases, with the most approved method of treatment, the particulars of which, if enumerated, would occupy more room than can be spared in this notice.

Finally, wherever these books are read, whether at home or abroad, they will hold an elevated place, we think, in medical literature. Without seeking notoriety, Dr. Dickson will be known, and posterity, to say nothing of those who are his personal friends or neighbors, will be proud of his contributions to the archives of American science.

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*Louisiana Medical and Surgical Journal.*—From present appearances, the profession at the South will outstrip the North in the number of their medical periodicals. A prospectus is abroad for a second journal at New Orleans, to be published bi-monthly, at five dollars per annum, in advance. John Harrison, M.D., and W. M. Carpenter, M.D., both of the faculty of the Medical College of Louisiana, are to be the editors of the proposed enterprise. The subject of organic chemistry is to have a prominent place. If these gentlemen bring out a journal equal to the one already sent abroad from New Orleans, they will deserve the support of those who know how to estimate the labors of men exclusively devoted to the pursuits of science. When the first No. arrives in September, we shall apprise the medical public of its advent, selecting such parts for our own pages as will illustrate its character and claims to patronage.

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*Titles to the Articles of Correspondents.*—Were authors of original essays, and correspondents of the Journal generally, always particular to give a title to their communications, they would confer a special favor. It is essential that every paper worth reading, should be made come-at-able by an index. Without some appropriate caption, expressive of the main character of an article, an editor sometimes finds himself perplexed

—especially when he ascertains that one cannot be constructed without the risk of disapproval on the part of the author. Each volume is provided with a tolerably minute index, without which there would be utter confusion, and it is important that each article should be there appropriately placed. Being persuaded that we sometimes fall short of the expectations of the writers of really excellent papers, in affixing a name, we shall esteem it a favor if each one will remember to christen his own, both to save himself from vexation, and us from the liability of blunders or mistakes.

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*Sickness in the Country.*—An eminent physician, not far from 80 miles to the north of Boston, writes—"It is quite sickly for the season, and a motley lot of diseases, as ordinarily occurs in a country practice, are prevailing; viz., scarlatina, erysipelas, measles, mumps, dysentery, varioloid, fever, whooping cough, &c." The latter appears to have been a severe epidemic in some parts of New Hampshire. Erysipelas strikes terror into the villages where it appears, and well it may, since the mortality which follows its track is a melancholy proof of the imperfection of the healing art.

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*Mesmeric Revelation.*—Some one may have supposed that he was conferring a favor by sending us a copy of Mrs. Chester's mis-named mesmeric revelation. The cheats in what is called animal magnetism, although exceedingly numerous and protean in their character, are so stale, that we are no longer amused by them. How it happens that any can be found to swallow down the bait, after such a multitude of exposures have been brought to light, both to show the dishonesty of the magnetizer as well as magnetizee, is altogether puzzling. Notwithstanding the assertions from high authority that the people of New England are her glory, it is undeniably true that they have an insatiable appetite for the marvelous. The more monstrous or absurd the propositions in mesmerism, the better. Lynn, a charming, enterprising town, may boast of possessing a very accomplished story-teller, whose ingenuity is such that she succeeded in impressing certain certificate signers with more confidence in regard to the condition of Capt. Kidd's treasures, than they could have obtained in any other way.

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*American Journal of Science and Arts.*—A new series of this valuable work, under the auspices of Prof. Silliman, of New Haven, is to commence in January next, and appear every two months, instead of quarterly as heretofore. The editors will have associated with them Mr. James D. Dana. A principal object contemplated in the change is to give authors more frequent opportunities for communicating with the readers of scientific researches, and also to furnish new matter, in season, from European sources. As the present sales are quite insufficient, says the prospectus, to authorize the change, efforts are soon to be extensively made with a view to enlarge the subscription list. For the honor of the country, we hope every one who feels the remotest interest in the diffusion of scientific knowledge, will make an effort to sustain that very useful and truly important periodical.

*Pongwe Language, Africa.*—From the Missionary Report from Western Africa, in 1844, which may be found in that very instructive publication, the Missionary Herald, of the last month, the following account is extracted, which is deserving the attention of Linguists and ethnographers.

"We have been greatly surprised," says the Report, "to find in this remote corner of Africa, and among a people but very partially civilized, one of the most perfect languages of which we have any knowledge. It is not so remarkable for copiousness of words, as for its great and almost unlimited flexibility. Its expansions, contractions and inflections, though exceedingly numerous, and having, apparently, special reference to euphony, are all governed by grammatical rules which seem to be well established in the minds of the people, and which enable them to express their ideas with the utmost precision. How a language so soft, so plaintive, so pleasant to the ear, and, at the same time, so copious and methodical in its inflections, should have originated, or how the people are enabled to retain its multifarious principles so distinctly in their minds, as to express themselves with almost unvarying precision and uniformity, are points which we do not pretend to settle. It is spoken coastwise nearly two hundred miles, and perhaps, with some dialectic differences, it reaches the Congo River. How far it extends into the interior, is not satisfactorily known."

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*Fiske Fund Prize Essay.*—Dr. Wm. E. Coale, of Boston, is the successful writer of an essay, the present season, which has taken the Fiske Fund premium in Rhode Island. The manuscript has been received at this office, and will have an early insertion.

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*Intermittent Fever and Enlarged Spleen.*—According to high authority (M. Piorry) the affection of the spleen is the cause of the intermittent. This view reversed is that of the profession generally. Be this as it may, the same remedies cure both. We used the following formula in numerous cases with success. It is a favorite prescription of a physician of great experience in these diseases, Dr. Anderson, of St. Louis, formerly of Vicksburg. R Sulphat. quinia, ℥ij.; aqua quinia, ℥ij.; tr. opii., solutio Fowleri, aa dr. ½; sulph. acid aromat., dr. i. M. Teaspoonful every two hours during the intermission.

Dr. A. sometimes uses a solution of twice the strength of the above, which he thinks still better; we are disposed to agree with him, especially in cases of enlarged spleen. Piorry says, that he has observed a sensible diminution in the size of the spleen produced in a few minutes, by a large dose of the sulphate of quinine! We do not generally observe so closely in this country.—*St. Louis Medical Journal.*

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*Bloodless Amputations.*—Our friend, Dr. Mosby, proposes to save the subjects of amputations from loss of blood, occasionally a very disastrous circumstance in exhausted individuals, by the following method, which he has communicated to us, and requests us to submit to the profession. First, he would apply a roller bandage to the limb, so as to force the blood as much as possible out of it, and then, by means of a tourniquet, cut off the ingress of blood by the arteries, slackening the instrument after the amputation sufficiently to find the vessels that might bleed.—*Western Journal of Medicine and Surgery.*



*Ohio College of Dental Surgeons, at Cincinnati.*—This Institution was incorporated last winter. It will have a winter session of four months; and confer degrees in *Dental Surgery*. The professors are, Drs. Cook, Rogers and Taylor, and the charge for each professor's ticket is \$25.—*Western Lancet*.

*Heat in July, 1845.*—The late hot weather was pretty severely felt throughout the Northern States. It is said to be the hottest season experienced since 1825, but, according to some statements, not as hot as it was then. In that year, from July 11th, to July 16th, the thermometer ranged from 100 to 108½. Within the same dates this season it has ranged from 91 to 102½. The papers from different parts of the country, in giving the state of the thermometer, have recorded many deaths which were occasioned by extreme heat. The number of deaths in some of the cities has largely increased. Below is given the state of the thermometer in various places on the days specified:—

In Charleston, July 9th, 94 degrees; Boston, 22d, 101; Rochester, July 12th, 97; New York, July 12th, 94; Burlington, Vt., July 12th, 100; Pittsburgh, Pa., July 12th, 102½; Hudson, July 12th, 99; Salem, July 12th, 103; Boston, July 13th, 98; Philadelphia, July 13th, 101; N. York, July 13th, 99; Albany, July 13th, 98; Brooklyn, July 13th, 95; Baltimore, July 13th, 95; Greenfield, Ms., July 13th, 100; Philadelphia, July 14th, 102; Rochester, July 16th, 102.

*Medical Miscellany.*—Dr. Boucherie, in France, has been authorized to cut such trees as he may wish, in the crown forests, in order to prepare them for the Navy, so that the timber shall resist the causes which usually destroy it.—Dr. Armand Mercier, at the Charity Hospital, New Orleans, say the papers, has tied the left subclavian artery, for the cure of aneurism, and the corresponding axillary. The patient was a female slave. The ligatures came away on the thirteenth day.—Dr. S. A. Cartwright lately delivered an eulogy on General Jackson, at Natchez.—Surgeon of the U. S. Steam Frigate Mississippi, Dr. A. G. Gambrell; Assistant Surgeon, Dr. W. Sherman.—Dr. Thomas R. Spencer has been elected Professor of Materia Medica in Willoughby University, Ohio.—A negress, the slave of Mr. M'Daniel, of Marion Co., Missouri, now 117 years old, has cut a fourth set of teeth. Her youngest child, a son, is 80 years old, with a child 1 year old.—In consequence of the prevalence of smallpox in New York, vessels arriving thence at Jamaica are quarantined.—Guyaquil has been visited with an awful sickness of late.—Bedford Springs, only 16 miles from Boston, are well patronized. Something is said about their being equal to Saratoga.—Cases of smallpox have appeared at Goffstown, N. H., and at Bristol, near Middlebury, Vt.

MARRIED.—At Hebron, Ct., A. A. Plimpton, M.D., of Monroe, Me., to Abby Maria Annable, of the former place.

DIED.—At Milton, Mass., Thomas Kittredge, M.D., 33.—At Wilmington, Del., Wm. Gibbons, M.D.—At Baltimore, Dr. Wm. A. Cobb, 23, from the effects of an injury received by being thrown from his horse.

Number of deaths in Boston, for the week ending Aug. 2, 46.—Males, 27; Females, 19. Stillborn, 6. Of consumption, 12—old age, 4—croup, 1—palsy, 1—disease of the bowels, 2—hooping cough, 1—convulsions, 2—inflammation of the lungs, 2—cholera infantum, 1—teething, 4—diarrhœa, 1—disease of the heart, 2—cancer in the breast, 1—dropsy on the brain, 2—dropsy, 1—accidental, 2—pleurisy, 1—marasmus, 2—infantile, 2—cholera morbus, 1—drowned, 1.

Under 5 years, 22—between 5 and 20 years, 5—between 20 and 60 years, 13—over 60 years, 6.

*Questions on the Origin of Diseases.*—The following interrogatories are addressed by Dr. B. Dowler, of New Orleans, to persons of observation in all conditions of life, whether belonging to the profession or not. They relate to facts which are more or less peculiar to the South, but interesting to the profession everywhere.

Other things being equal, does the stranger suffer more from debility, fever, dysentery, than the Creole and acclimated? When does this difference cease? the 2nd, 3d, or 4th year? Consider the sex; the color, white! mulatto! black! Indian?

Which is the most frequent, and, which the most fatal fever? Does the first attack lessen the chances and dangers of other attacks, that is, afford any protection? Do fevers, especially agues, prevail equally near to, and remote from, the swamps? Which is the most sickly season of the year? Are seasons of much rain and inundation, more or less healthy than other seasons?

What is the probable number annually attacked with the ague or intermitting fever in each 100 whites and blacks? distinguish strangers from Creoles and the acclimated; also the sexes! the usual duration of the attack! The topography or description of the place where it is most prevalent?

Name the acclimating diseases, that is, those diseases to which strangers are subject, and from which, Creoles are wholly or partially exempt? Is ague one of these? sun-stroke! dysentery? bilious fever? congestive?

Is sun-stroke (*coup de soleil*), frequent and fatal, and equally so among strangers and Creoles?

At what period does the unacclimated slave equal the Creole slave in health and ability to labor?

Are white Creoles who accustom themselves to labor, equal in all respects to the black and mulatto Creoles in physical power, endurance and health? Is the mulatto, in these respects, inferior to the pure black?

Is infantile lockjaw frequent, and fatal, and equally so, among strangers and Creoles, both white and black?

Do Creoles of New Orleans, on removing to the country, suffer more sickness than country Creoles?

Do horses, cattle, mules, sheep, poultry, &c., from the North, suffer or die, in a greater ratio than Creole animals? What is the period of their acclimation?

Is the country more or less healthy now than formerly? Consider the sanatory condition before, during, and after the process of clearing, ditching and cultivation? Do mosquitoes increase or diminish under these conditions?

Can you say from personal observation, that the most swampy parts of the State are the most unhealthy, and have the most fevers?

Facts should not be picked to confirm any theory. Answers should be based on numerical proportions or averages, noticing exceptions and extraordinary cases.

It is desirable that all evidences drawn from other climates, from books, from prevailing opinions, be wholly disregarded in giving these answers. Facts only, not explanations, are important; for example, do not take for granted that swamps cause salubrity or insalubrity; examine whether diseases increase or diminish, according to the distance from them, &c., without any regard to any other climate or locality whatever.



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXIII. WEDNESDAY, AUGUST 13, 1845.

No. 2.

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.

NO. X.—BY WM. EDWARD COALE, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

*The best Mode of Treating, and the best Apparatus for the Management of, Fractures of the Thigh.*

Pro Deo, pro E\*\*\*\*\*, pro Hominum Salute.

INTRODUCTION.

WHEN we consider how few are the principles concerned, it seems strange that there should be any mooted point connected with fractures of the femur—strange indeed that everything pertaining to the subject is not reduced to fixed rules, predicated upon accurately weighed and unimpeachable facts. All the parts affecting or affected are upon a scale large enough to enable us to ascertain and comprehend every anatomical peculiarity that might be of value, and simple enough to permit us to understand, sufficiently for all practical purposes, their use and mode of action. The mechanism of the parts can scarce be called complex—their construction not highly delicate—in short, estimated by ordinary rules, the anatomist, physiologist or pathologist does not meet with any salient obstacle to the perfect elucidation of his portion of the subject. Yet each quarterly journal, almost without exception, furnishes us with some new (?) method of treating fractures of the femur, involving (if we believe the writer) principles hitherto unknown, and possessing advantages over every other previously in use.

We do not promise that we have any new and brilliant light to throw upon the subject—that we have any striking theory to unfold, or any yet undiscovered and astounding fact to announce. Enough if we can sift the volumes upon the subject which have annually swelled the literature of our profession, and present, in a digested and accessible form, all that is valuable of the crude heap before us. Having done this with fairness, we trust we may then be permitted to add what little we have gained from our own observations and experience.

ANATOMY OF THE THIGH.

As we write for those whom we take for granted already know what a femur is, and understand the general arrangement of the muscles em-

ployed to move it, we do not deem it necessary to describe the first or even to rehearse the names of the second, but will confine ourselves to noticing those peculiarities of the anatomy of these parts which more immediately influence us in treating fractures of the bone.

To begin with the bone—the first point that arrests us is the great diversity of the axes of the shaft and neck. They join each other at very nearly a right angle; any force, therefore, which is exerted in the direction of the axis of the one portion—the direction in which that portion is best able to resist—operates transversely upon the other, manifestly in a direction most unfavorable to its powers of resistance. But for this arrangement, which, however, is productive of great and manifest advantage to the mobility of the limb, the structure and general configuration of the bone would imply a far greater strength than even that which it now so evidently possesses.

The curvature of the shaft forwards must be looked upon also as a peculiarity affecting the liability of the bone to fracture, more especially when taken in connection with the arrangement of the muscles upon the posterior part of the thigh.

The comparatively unyielding nature of the coxo-femoral articulation deserves note. Its inaptness to give or yield upon receiving a shock is evidently due to two causes—the very slight mobility of the pelvis itself,\* and the deep and accurately-adapted cavity into which the head of the femur is fitted. The difference of the effect of the same impulse upon the shoulder and hip joint is readily conceivable. In the former, the cavity receiving the extremity of the long bone is shallow—admitting a great extent of motion. The scapula itself is very moveable, yielding readily in a certain degree, to any force exerted upon the humerus, not only lessening the abruptness of the shock, but changing the direction in which it acts to one in which the consequent injury may be slighter—in other words, often substituting a dislocation for a fracture. But with the hip joint, unless the impulse is received whilst the femur is near the limits of its range of motion—whilst it is in a state of extreme flexion or extension, abduction or adduction—or unless it comes in the direction of the axis of the acetabulum and from within outwards (an unusual one), the result, if the force is great enough, is a fracture, varying in its situation with the particular direction of the impulse.

The ligaments of the coxo-femoral articulation arrest our attention, from the part they play in intra-capsular fractures of the neck of the thigh-bone. Of these, the most important to us is the capsular ligament—not differing in its general arrangement, to any noticeable degree, from the capsular ligaments of other articulations, but remarkable for its great strength, and still more from its peculiarity of commencing very high and over a very large surface of the ileum, and extending for a considerable distance along

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\* Many authors speak of the pelvis being very moveable, and thus saving the femur very often from fracture. So it is when subject to the volition, but it must be remembered that this is not its condition, at the moment when fracture occurs. Then the numerous and powerful muscles surrounding the pelvis on all sides and firmly bracing it in every direction, render it almost as unyielding as if it and all the contiguous parts were one mass of equally dense and inelastic tissue.

the neck of the femur, down to the junction of this portion with the shaft at the inter-trochanteric lines and digital fossa. This quality of strength and this extent of attachment often enable the ligament to preserve the apposition of the fractured portions enclosed within it, and a recollection of this fact should always warn us against unnecessary disturbance of the limb where fracture at the point above mentioned has occurred. The value of this consideration will however be more minutely examined hereafter.

The last circumstance which interests us in considering fractures of the femur, is the size, number and diverse direction of traction of the muscles which surround it. The two first peculiarities would of themselves cause us little difficulty, but taken in connection with the last, they constitute the greatest obstacle to the reduction of the fragments and their retention in the requisite apposition. The individual action of these muscles it is not necessary to notice. For the present we will but mention the great obliquity with which adductors join the bone—the relation of the muscles on the posterior aspect of the thigh with the femur, like the chords to the arc of the circle—and the direction of the muscles generally which are employed in rotating the limb—as among the causes of most of our difficulties in treating this class of injuries.

#### CLASSIFICATION OF FRACTURES OF THE THIGH.

Fractures of the femur not only admit of a ready classification founded upon the nature and seat of the injury, but seem to require it in attempting to enter upon any dissertation concerning them or account of the very different effects produced, and the diversity of the remedial means to be used in treating them. As a sort of tabular view we give the following, though in confining ourselves strictly to the discussion of the treatment of fractures we shall not have occasion to refer to all the varieties here mentioned, but merely furnish the table for the convenience of reference when necessary.

#### I.—*Simple Fractures.*

##### A.—Fractures of the superior extremity of the Femur.

- 1 Intra-capsular fractures of the neck.
- 2 Extra “ “ “ “
- 3 Fractures of the neck complicated with fr. of the trochanter.
- 4 “ “ “ with impaction of the superior part into the cancellated structure of the shaft.
- 5 Fractures of the trochanters.

##### B.—Fractures of the Shaft.

- 1 Transverse.
- 2 Oblique.

##### C.—Fractures of the lower extremity of the Femur.

- 1 “ just above the condyles.
- 2 “ through “ “

#### II.—*Compound Fractures.*

- a Fractures from gun-shot.
- b “ “ other violence.

## HISTORY.

There is no investigation in which we cannot to a degree profit by an acquaintance with the achievements of those who have previously given their attention to the same subject. It will therefore be not devoid of advantage, and certainly not of interest, to make a few researches into the history of the branch of surgery which has engaged us, and trace the various steps of our predecessors, from the early rude contrivances used for fracture of the femur, to the more perfect apparatus of the present day.

In the vast field surveyed by Hippocrates, fractures were not neglected, and one of the works attributed to this philosopher (*Περὶ ἰσχυρῶν*)\* is devoted to this subject, giving us apparently not the views peculiar to the author, but most probably a digest or summary of what was known upon it at that time.† In this we find that same curious mixture of gross superstition and close observation which prevailed throughout not only medical, but all science. Much faith is placed in symptoms wholly insignificant, much importance is given to things wholly irrelevant—as, for instance, the *number* of bandages used; whilst some of his advice has much soundness in it.

Of the bandages, those which went next the skin were styled Hypodesmides; those outside of the dressings, Epidesmides. In fractures of the femur three hypodesmides were used. One was carried from the point of fracture up, and another from the same point, down the limb. The object of these was to press the blood and humors out of the injured part to the extremities, and if the bands were properly applied, the next day a soft edematous condition of the end of the limb supervened; but if the edema were hard, it was considered a sign that the constriction was too great, in which case the bandage was to be removed, the part anointed with oil and warm water, and the bandage replaced, but more loosely than before. After applying these bandages the fracture was surrounded by a waxed cloth and covered with another roller, which also completely enveloped the coxo-femoral articulation, in order to protect the soft parts against the edges of the splints. From an idea that it was the most natural position, the knee joint was kept extended, and to effect this fully, when the splint (which consisted of a long box much like the present fracture box, reaching from the ilium beyond the heel) was put on, the knee was carefully fastened down in it by a band.

To produce extension and counter-extension in fractures and dislocations, the ancients made use of a machine called the Glossocomium. This instrument, rude and clumsy, but powerful, is figured by Paré.‡ It consists of two longitudinal pieces of plank, between which the limb is placed. A strap surrounds the latter above and below the fracture. From the one above, counter-extending cords pass over pulleys in the upper end of the longitudinal pieces down to a windlass at the lower end. From the strap below the fracture similar cords pass directly down to the same windlass, by turning which, very powerful but illy-tempered and

\* The only English translation, I believe, is that of Clifton, 1734.

† Gerdy. *Traité des Bandages*. Paris, 1837. 2nd ed. p. 441.

‡ Liv. XV. Des Fractures, c. 20th des fract. de la cuisse faites en la main de l'os. P. 401, fol. ed.

badly-directed traction is exerted on each piece—upwards upon the upper, and downwards upon the lower.

In compound fractures Hippocrates directs that the bones, if projecting, should be replaced by powerful means, using iron levers to force them into their proper position: or, if these means should fail, they may be sawed off. The same apparatus and bandages may be used as above, so arranging them that the wound may be accessible, and adapting compresses to take the pressure from the lacerated parts.

Galen makes no modification of the mechanism of Hippocrates, but describes the form and material of the bandages more particularly—the latter being furnished, according to the peculiar occasion, by leather, woollen or linen fabric—the first to be used to constrict cartilages and other hard parts—the next, where the parts are delicate, either naturally or from injury—and the last, where moderately firm pressure is required.

Celsus was not content with less than six bandages before the application of the splints. The bone having been reduced, these bandages were passed in very various directions, and the number of turns which each should take is told with minuteness. The splints are then to be applied. Further details of his method of treatment, as they exhibit no new principle or indeed any marked improvement over those previously devised, we do not think it necessary to give.\*

The imperfect records of our profession exhibit no advance in the treatment of fractures of the femur until we come to what may be called the middle ages of medicine—the days of Berengarius, Massa, Sylvius and Guy de Chauliac. The latter suggested many of the appliances at present in use in the form of junk bags, compresses, &c., and replaced the clumsy methods of extension by a weight attached to the foot by a cord passing over a pulley at the foot of the bed.

Our next step brings us to Ambrose Paré, whose laborious industry has garnered up for us nearly all that was of value in those who went before him, but made more perspicuous by his own clear mind. His writings show him to have still been hampered by the superstitions which hung so heavy over science in the preceding ages, but they lie about him rather as broken fetters than as chains that still bind, and the quaint and modest simplicity of his language afford to the true lover of his profession a pleasant retreat from the tiresome pages of those who too often, at the present day, strive to compensate by verbosity and declamation for the paucity and meagreness of their ideas.

Paré still adhered to the bandages of Hippocrates. After applying these, three splints were to be adapted—made of pasteboard or similar material. One was placed beneath the limb and one each side. Junk bags filled with straw, after De Chauliac's suggestion—and other compresses when necessary—were used, and the whole apparatus then enveloped in cloths similar to the splint cloths now in use. The limb was then to be properly placed, supporting it upon something soft and even

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\* *De Medecine*, L. viii., chap. 8, § 1, p. 448. *Edin. ed.* of 1809.

(mol et egal) and raising it sufficiently to prevent "fluxion" to the part, but not enough to constrain or make uncomfortable the patient.\*

Fabricius ab Aquapendente, of Padua, advocated the use of the dressings of Hippocrates, and approves his views. He used splints surrounded with tow.†

Sculetus, also, still adhered to the three bandages of Hippocrates, but recommended cutting pieces out of them when necessary to have access to a wound. He also gives us that bandage which bears his name, and which has held its place among our dressings even to the present day.‡

We next come down to the last century, when, amidst the general activity of the medical profession, fractures of the femur received a full share of attention, and the improvements suggested, both in the apparatus used and in the general treatment, multiply to a great extent.

Heister recommended making counter-extension by means of a napkin passed between the thighs, and made fast above the hips to the edge of the bed—and extension by attaching the foot, by another napkin, to the foot of the bed. He still adhered to the number and arrangement of the bandages of Hippocrates, and in general adopted his principles.§

One suggestion of Heister is worthy of notice. It occurred to us without knowing that Heister had previously mentioned it. He advises that the extension should not be made solely and continually through the foot and ankle, but, to relieve these, another extending bandage should be attached above the knee, and traction made alternately for six or eight hours at a time upon one and the other. The difficulty would be in so adjusting the bands that when the point of traction is shifted, the direction should be unaltered, a difficulty which, it appears to us, has been magnified.

A machine for the treatment of fractures of the femur, invented by M. Belloq, scarce deserves notice, except to mention that he made use of the tuber of the ischium for the point of counter-extension. Otherwise, it consisted of a heavy, clumsy frame-work, to the upper part of which the thigh was attached by enclosing it in two pieces of sheet iron—while upon the lower part a slide, enclosing the leg, traversed by means of a rack and pinion.||

In turning to England at this period of our history, we are first arrested by Gooch, who, though not free from many of the absurd ideas then prevalent, showed some originality, and certainly an admirable frankness and modesty. To him we owe the suggestion of the familiar and much-used splint, made by glueing leather upon a thin board, and then cutting the latter through longitudinally at short intervals, so that whilst the splint adapts itself readily to the rounded periphery of the limb, it is still stiff and unyielding in the direction of its length.¶

\* Op. citat. Book xv. chap. xx. In Chap. xxiii. of the same book he gives an interesting account of the treatment he himself received at the hands of Richard Hubert, "Chirurgien au Roi," for a fractured leg.

† *Pentateuchus Chirurgiens. Dissertat. iv. De fract. Fræf. 1592, and Oper. Chirurg. Onm. Padua, 1667, fol.* though I cannot now recall my authority for this reference.

‡ *Armentum Chirurgicum*, which was published in English about 1674, under the name of "The Surgeon's Storehouse."

§ Gerdy, op. cit. p. 445.

|| *Memoires de l'Acad. Roy. de Chirurg. New Ed., 1819. V. iii. p. 258.*

¶ *Cases and Practical Remarks on Surgery. Norwich, 1767, Vol. ii. p. 300.*



Gooch's apparatus for fracture of the femur consisted of an iron hoop, so contrived as to be accommodated to a limb of any size. This encircled the thigh at its junction with the trunk, and furnished the point for counter-extension. From it a longitudinal piece passed down upon each side of the thigh, having a screw attached to the extremity. Another hoop, provided with offsets through which the above-mentioned screw passed, encircled the thigh just above the knee. By turning the screw, which was done by means of a key applied to the extremity, the two hoops were separated and extension effected. Besides the application of this contrivance, the thigh was surrounded by the above-mentioned splint and properly guarded by compresses. The obvious objection to this apparatus is the constriction of the limb by the hoops, and the small surface over which the force of the extension and counter-extension is distributed. He assures us, however, that he had used it with great success, and this, in spite of its defects, we can suppose possible in a careful and observant surgeon.\*

With a generosity well worthy of praise, after describing his own apparatus, Gooch goes on to speak of one constructed by a Mr. Layman, of North Walsham, "upon the best principles" he had yet seen. As far as can be judged from the imperfect description given, this seems to have consisted of a fracture box with a moveable bottom, to which the leg and lower part of the thigh was attached, whilst the upper part was made fast to the box itself "by a belt passing on the inside of the thigh." Extension was effected by a screw operating upon the moveable bottom.†

With Gooch's intelligence it is strange that we should find him still adhering to the absurd notions about "the juice of the callus," and urging great care against permitting it to flow in too great quantity, "which must be prevented by proper compression or deformity will ensue."

[To be continued.]

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#### TRANSACTIONS OF THE CONNECTICUT MEDICAL SOCIETY.

[Communicated for the Boston Medical and Surgical Journal.]

It is the great object in the several States where medical societies exist, to diffuse information and advance the general interest of the profession and the science of medicine. For several years past it has been the general sentiment in this State that something should be done to excite more interest than for forty members to meet annually, and appoint standing committees, and several plans have been recommended, but generally have failed in Convention to be adopted. Last year, however, it was provided that the annual dissertation should be published, with the proceedings of the Convention; a good move, but not carried out—for after waiting two or three months instead of weeks, the proceedings appear in a pamphlet of twenty-four pages, eighteen of which are taken up with a list of members, standing bye-laws, title-page, &c., leaving six for the

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\* Op. Cit. Vol. ii. p. 307.

† Op. Cit. p. 315, in a note at foot of page.

whole yearly transactions of the *Connecticut Medical Society*, together with the report of the Medical Institution of Yale College, &c. The *ostensible* reason for the non-publication of the annual dissertation was the ill health of the author, but the members expected it, and it is hoped it will yet be published. Again, last year a prize essay was given out—the subject, scarlatina; the prize to be paid from the funds of the Society. Under these circumstances, the members expected to be benefited by the essay, and it was generally supposed it would be the property of the Society and published with its transactions. Five essays were handed in, which were said by the committee to be very able; but how are the profession to be benefited by them? And there is no provision for continuing the plan, no essay being given out for another year! We presume the author of the prize essay would have been *willing* it should be published with the proceedings. Again, for the last four or five years, at the annual examination of the medical students of Yale College, a member of the committee of examination has been selected to deliver an address to the graduating class. This has been a business of the committee or faculty of the college, rather than of the State Society. Still the address has been published in pamphlet, and distributed to the members of the Medical Society throughout the State, till the last, from which we hear nothing in this way. It was given by Charles Woodward, M.D., of Middletown, and was regarded by the press, and medical men who heard it, as a very able production. Is a new precedent to be established? And, further, Dr. Woodward is immediately left off the committee of examination. This is rather unprecedented under such circumstances, though it *might* have been accidental entirely.

Such being the case, the interest in the Society through its transactions will be likely, we fear, to be less in future than it has been heretofore. It is well known that in some sections of the State there is want of interest already, and it is evident it will not be excited if things go on in this manner. It is apprehended that many are dissatisfied with the compulsion necessarily inflicted by the charter, and that a voluntary society would be preferable. Now it is very probable there are circumstances which will induce the State Society to give up the charter and go on the principle of voluntary association. But in order for success, there must be some interest either in the annual convention or the transactions of the Society, or it will be an entire failure. There must be more interest to sustain any institution from choice than by compulsion. Many now refuse to pay taxes, and it is to be feared that more will do so if their money is not better expended. In order for any institution to succeed, it must answer the end for which it was created; and when it fails to do this, a revolution will sooner or later take place. It need not be so with the Connecticut Medical Society. It should continue to be, as it has been, a bond of union among the members and an ornament to the profession; but to do this, we must keep up with the times. We might indeed, as in other States, have several valuable papers published, making something more than a lean pamphlet like our present annual, and it is hoped and presumed the next dissertation and other matters may be laid



before the profession. If not, many interesting papers from the county societies, which are unknown out of the several counties, might be embodied, and add to the general interest of the Society.

These remarks, based upon facts as they exist, do, I am sure, express the sentiments of the great body of the Medical Society throughout the State, and we hope will tend only to that which will advance the science of medicine, promote fellowship and good feeling in the profession, and general confidence in the community.

A MEMBER.

## DIAGNOSIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Two circumstances of late occurrence have led me to reflect whether physicians were particular enough in their diagnosis of disease, and were satisfied themselves that they understood clearly the proper thing to be done. I prescribed, of late, for a young man on account of a difficulty in one of his ears. The symptoms were a noise in the diseased organ, the head full and confused and covered with a scaly eruption. He attended to his business as usual, and considered himself otherwise well. After making some few inquiries, I directed him to syringe his ear with a weak solution of Castile soap, there being a small quantity of ear-wax collected in it; to apply a small blister under the ear, and take a full dose of salts and senna. Under this treatment he grew no better, and as I was not in practice, I told him to call on Dr ———, of this city, which he did. As soon as he ascertained the symptoms, he clearly perceived the proper course to be adopted. He syringed the ear out with water quite warm, in a forcible manner, completely flooding for some time the external ear. This removed the difficulty, and the patient was cured.

A boy about 12 years old applied to this same oculist for blindness of one eye. He received a blow by one of his fellows on the organ, in the first place, after which he gradually lost his vision. The eye looked like the other, with the exception that the pupil was larger. The doctor told the friends of the boy that it was incurable. The family was intelligent, and the oculist distinguished, which seemed to settle the fate of the young man's eye. Had the family been of a different class, they would have applied directly to a quack. Soon after this, I became acquainted in the family, and the eye was shown me as a matter of courtesy, and the circumstances related as above. It was a case of amaurosis, and I became interested in it; and consulted all my authors, having then just commenced practice. The family asked me if I thought it possible anything could be done to benefit him. I told them I thought there was a chance of making him better, saying, at the same time, there was much doubt. I viewed the disease as functional—the retina having become paralytic. His friends concluded to have me prescribe for him, and he continued under treatment for nearly three months. When it was commenced vision was exceedingly imperfect, and at the close of it he could read common print with ease.

I have one other case to notice which came under the treatment of this same oculist. The subject of it was a young man in college, 23 years of age. There was very slight inflammation of the eyes, with much weakness. He was directed to leave college, and stimulating washes of a different character were directed from time to time, but all without improvement. He came into the neighborhood where I resided, and assisted some in teaching. He became acquainted with me, and talked frequently about his eyes. I considered a restoration, if it was brought about at all, must be effected by a long course of quietude and moral habits, supposing the best medical treatment had been adopted. He grew no better, however, and desired me to do something for him. This led me to examine his case very attentively in all its bearings. I bled him from the arm, purged him with salts and senna more or less frequently, and kept up a drain from the back of the neck by seton for eight or ten months, by which he was cured and has continued so ever since, now six years.

I did not design to write a labored article on this subject, but merely to relate a few facts in order to call attention to it. I know there is some guess-work in prescribing medicine for the sick—a guess-work, to be sure, founded on intelligence. One man may guess better than another. His natural capacity, medical education, ability to collect, analyze, and deduce, in view of the symptoms present, all assist in this respect. Some, however, have as little ground for guessing at certain things, as the college student had when he guessed how a sheep came in the college belfry. Having seen some tracks near the lightning rod, he thought the animal might have climbed up that way. I think a large portion of practitioners are lax in collecting symptoms and prescribing medicine, from the fact that one half of those for whom they are called upon to prescribe, need nothing; hence a tendency to too great indifference in all cases. Much good may be done by a judicious, skilful practitioner; but above all things, let every one be decided in his own mind that he is doing the right thing for his patient, or else do nothing, or that which is equivalent to nothing. This is the safest kind of quackery that can be adopted, and is the whole secret of homœopathic practice.

*August 8, 1845.*

**J. C.**

#### ABLUTION FOR THE PREVENTION OF ERYSIPELAS.

[Communicated for the Boston Medical and Surgical Journal.]

IN the spring of 1845 the Massachusetts General Hospital was very much infected with erysipelas. One patient had died of this disease after an illness of three days, and many others were severely affected with different and curious forms of this disorder.

As this institution is kept in a state of perfect cleanliness, it seemed that the general atmosphere of the place ought not to produce this disorder, and that it could only arise from the retention of foul matters in the beds, and about the persons of those affected with unhealthy wounds.

On this ground the following course of prevention was based by Dr. Warren.

All the patients confined to their beds were directed to be washed over the whole body daily with soap and water, and their bed-clothes to be ventilated daily if possible. Those who could leave the room, but remained in a delicate state of health, were ordered to the warm bath once in two or three days; and those who were in a state to bear it, were directed to the daily use of the shower bath.

Under this practice, in the course of fourteen days the disease entirely disappeared, and did not again show itself while this system was rigidly pursued.

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#### VOLVULUS AND STRANGULATION OF THE INTESTINES.

By James M. Gordon, M.D., of Lawrenceville, Ga.

It is to be regretted that comparatively so few cases of mortality have a place assigned them in our medical journals, notwithstanding many of them might be productive of unusual interest. A large majority of physicians who write, very naturally, entertain a predilection to report those cases only which have terminated in *remarkable cures*, or at least successful issues; to the utter exclusion of those of an opposite character, however advantageous to the medical profession. The following case, although it may avail but little practically, may not prove wholly unacceptable to the pathologist.

D. P. C., of Gwinnett county, æt. 35, a respectable planter, and a man of uncommon strength and vigorous health, was attacked on the 18th of May last with the most excruciating pains in the abdomen, which were attended with obstinate constipation of the bowels. As he was supposed to be laboring under an attack of colic, various domestic remedies were administered without effecting the slightest abatement of pain, or relief to the confined bowels. A Thomsonian physician of the neighborhood was requested to see him, and who had charge of the case for the subsequent week, but without affording any relief. My partner, Dr. Russell, and myself, were then requested to visit him, and found him the subject of most violent paroxysms of pain in the abdomen, with partial remissions of comparative ease. The skin was cool, tongue coated with a dark brown fur, pulse nearly natural, bowels constipated. Upon further examination it was discovered that considerable pain and tenderness were evinced from pressure upon the lower dorsal and lumbar vertebræ. Local revulsives were freely applied to the spinal column; opiates and antispasmodics were then administered, which had the effect to allay all pain. An active cathartic was now retained till about the time catharsis should have been produced, when the pain returned with its full force of intensity. Laxative enemata were given in such quantity as to distend the whole colon, but all to no purpose, the stricture not being removed. The pain soon gave place to a death-like sickness at the stomach, pallid countenance, cold extremities, surface bedewed with a cold clammy

perspiration, followed by vomiting of an abundance of stercoraceous matter very offensive to the smell. The most energetic means were adopted for his relief—yet nevertheless without averting the fatal result of this unfortunate case. For the few last days such remedies were used as were best calculated to allay pain and support the sinking powers of nature. He continued to grow worse, and expired in the most intense agony at 8 o'clock, P. M., of June 1st, thirteen days after the attack.

*Post-mortem* appearances twelve hours after death. On opening the abdomen the ileum exhibited a dark red (almost black) appearance, which extended through all of its coats, and also to the mesentery. Upon examination it was ascertained that an *introsusception* of about an inch and a half in length existed about four inches above the termination of the ileum. So firmly had the coats of the intestine become agglutinated that they presented the appearance of a fleshy tumor, blocking up its entire calibre. It was also observed that the ileum had made a complete revolution upon itself, with the peritoneum as an axis, so as to strangulate a knuckle of intestine five inches in length. The first point of strangulation was immediately above the introsusception, and the second twelve inches above the last. They were twisted around each other so as to form a *knot* which was with difficulty relieved after the morbid specimen had been removed from the body. The incarcerated noose of intestine presented an almost black color, and was greatly distended with gas. About twenty inches of intestine were involved in the congestion. The points where the intestine passed around itself were of a dull white color, presenting a striking contrast with the surrounding parts.

*Remarks.*—The above case presents several interesting peculiarities:—*First*, the complicated nature of the disease; *secondly*, its length of duration; *thirdly*, the attendant symptoms. So far as our information at present extends, we believe there has been no case in which introsusception complicated with a *linking* of the intestine so as to produce an additional cause of strangulation has been recorded, although instances of either of the obstructions separately are upon record. The most remarkable circumstance in relation to the case is the great length to which it was protracted, and in our mind it can be accounted for in but one way, and that is by the supposition that the introsusception was the *original* obstruction, and the knotting of the intestine a *secondary* lesion, and a consequence of the great increase of peristaltic motion of the intestines produced by the active cathartic medicines administered, or otherwise by the violent commotion of the contents of the abdomen in the efforts at vomiting. A pretty conclusive evidence of the fact, that the introsusception must have existed from the attack, is the firmness with which adhesion existed between the intestinal folds—so perfect that the different layers could be but very indirectly traced. It is but reasonable to suppose that the introsuscepted portion was not entirely deprived of circulation, or the process of gangrene and sloughing, which was slowly progressing, must have advanced more rapidly. On the contrary, the knot was so firmly made as to exclude all circulation, and the noose of strangulated intestine actually in a state of incipient gangrene, which could

have only existed for the space of a few days, otherwise death must have ensued at a much earlier period. A remarkable fact in regard to the symptoms is, that there was no vomiting (except after a cathartic had been administered) throughout the course of the disease. Had not the secondary lesion supervened, it is not impossible but there would have been sloughing and a discharge per anum of the invaginated portion of intestine, and a spontaneous yet complete cure.—*Southern Med. Jour.*

#### ON THE VALUE OF VACCINATION AND RE-VACCINATION.

IN 1842, the Academy of Sciences offered a prize for the best treatise on the above subject. Thirty-five candidates responded to the call, and the perusal of their labors has proved so laborious an undertaking, that it is only very lately that M. Serres has been able to present a report to the Academy, in the name of the committee appointed to decide on the comparative merit of the essays. M. Serres's report is a remarkable document, and is also important from its conclusions having been adopted by the Academy after mature deliberation. We extract the following data from this report:—

“Vaccination preserves the human species from variola, but its preservative power is not absolute. Variola itself, either spontaneous, or produced by inoculation, does not preserve absolutely from future attacks, therefore it is not extraordinary that vaccination should not. Thus, Mead mentions having seen three variolous eruptions take place successively on the same woman; the son of Forestus was twice attacked with variola, and Debaen states that one of his patients was attacked six times by variola with impunity, but died of a seventh invasion of the disease. Although, however, vaccination is *sometimes* powerless to preserve us from variola, it *always* diminishes the gravity of the malady. This property, which Jenner and his first successors did not even suspect, is thoroughly proved by the various facts which have been recently accumulated. In one of the most terrible epidemics of variola that has taken place in Europe since the discovery of vaccination—that of Marseilles, in 1828—more than 10,000 persons were attacked. Of these, 2000 only had been vaccinated, and of that number 45 only died; whereas 1,500 of the 8000 who had not been vaccinated, were carried off by the pestilence.

“Vaccine matter evidently loses part of its efficacy in passing from arm to arm; it is therefore desirable to renew it as often as possible. A remarkable fact mentioned by one of the competitors, supplies us with a means of renewing it, as it were, at will. A cow was vaccinated with matter taken from a child. Not only did the pustules rise, but they were communicated to other cows, so that the cowpox was observed nearly in its natural state. The pustules were identical in both cases.

“The propriety of re-vaccination is now fully established. In Germany, the various governments have been induced to pay great attention to re-vaccination, owing to the circumstance of epidemics of variola hav-



ing latterly manifested themselves with a severity to which we had become quite unaccustomed since the introduction of vaccination. Re-vaccination has, consequently, been resorted to on a very extended scale, and has had the effect of arresting the epidemics. Thus, in Wurtemberg, 42,000 persons who have been re-vaccinated, have only presented eight cases of varioloid; whereas one third of the cases of variola have latterly occurred on persons who had been vaccinated. It is principally between the ages of 14 and 35 that vaccinated persons are disposed to be attacked by variola. When there is an epidemic, the danger commences earlier, and children of 9 years of age may be seized. Prudence, therefore, requires that, under ordinary circumstances, re-vaccination should be performed at the age of 14 or 15, and four years earlier if within the radius of an epidemic of variola."—*London Lancet*.

### EMETICS IN BRONCHITIS.

By John Higginbottom, F.R.C.S., Nottingham.

I HAVE found an emetic dose of ipecacuanha a very valuable remedy at that stage of bronchitis where a sudden, low, or sinking state has come on with oppression at the chest, and the expectoration difficult, endangering suffocation. Vomiting with ipecacuanha has not only soon relieved these symptoms, but has roused the whole system, and has produced such a decided change, as to render the patient convalescent in a few days. I have never seen the same good effects in such circumstances produced by any other remedy. The two following cases are of that description:

"Mr. D——, aged 60, an inn-keeper, of a gross habit, but not considered intemperate, had been much reduced in consequence of a neglected erysipelatous inflammation of the leg and thigh; this had in some measure subsided, but he had at the same time bronchitis, attended with a troublesome cough, difficult respiration and expectoration. A sudden state of sinking came on, with increased dyspnœa, and a feeble, quick pulse. I gave half a drachm of ipecacuanha in a little water; he vomited at different times for two hours; the lowness and dangerous symptoms were much relieved; he had no relapse of the low or sinking state, and he gradually recovered under a common mild treatment."

"Mrs. C——, aged 78, had an attack of the prevailing influenza; saline aperients, with diaphoretic and expectorant medicines, had been given for about five days, when a low, sinking state came on, with difficulty of breathing. I was inclined to give an emetic of ipecacuanha as the most probable remedy to afford relief. I named it to her daughter, fearing the old lady would object to it. I was glad to find my patient would take it; and I may here mention the favorable idea patients sometimes have of an emetic, imagining that vomiting enables them to throw up the phlegm. I gave her half a drachm dose of ipecacuanha, which had the desired effect of completely relieving her. I was only required to visit my patient for five more days, she being then quite convalescent."

The following observations in Dr. Johnson's Review, of April, 1844,

are corroborated by the above case, and, I have no doubt, will hold good in a variety of diseases, both in the commencement and in the sinking stage of disease :—"The use of emetics (I would say ipecacuanha, from the great safety of its operation) is far too much neglected in the present day, and most practitioners are unnecessarily timid about using them to old patients ; a single emetic will often effect more good in the course of a day or two, than other remedies in a week or two."—*Ibid*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

B O S T O N , A U G U S T 6 , 1 8 4 5 .

*Crania Ægyptiaca*.—Men of profound attainments in science are alone capable of appreciating the critical researches of the comparatively new school of ethnographical philosophers, which is becoming so prominent in our day. We have been looking, of late, into the history of this interesting effort to decypher the records of our race, and find that more credit is actually due to the author of the *Crania Ægyptiaca*, than was expressed in a recent article on the progress of ethnography. Mr. Gliddon, of whom frequent mention has been made, and who is extensively known for the important services he has rendered to the onward cause of antiquarian knowledge in Egypt, aside from the strong light he has thrown upon philology, will lose nothing by bringing the claims of his personal friends more prominently into view.

On looking back, we discover that Dr. Morton first wrote to Mr. Gliddon some eight years ago, that if he would send him about twenty-five ancient Egyptian heads, he would undertake to decide the race of men to which they belonged. This proposition undoubtedly stimulated the Consul to aid in the accomplishment of an important investigation. He sent not only the twenty-five, but one hundred, and with those and the evidences deduced from history and the monuments, Dr. Morton succeeded, after a laborious inquiry of three years, in publishing that splendid work called *Crania Ægyptiaca*, in which the question of Nilotic ethnography is definitely settled. Dr. M.'s *Crania Americana* was going through the press before Mr. Gliddon's first visit to the United States, and the author's general views introduced into the latter production, were confirmed by subsequent researches. By inquiry, it appears that Dr. Morton has actually been pursuing these extraordinary examinations fifteen or more years, and published the rich volume that embodies his discoveries and opinions entirely at his own expense, asking no other reward than a fair share of the reputation that is due to such efforts and sacrifices. Mr. Gliddon is a generous man, and a strictly just one in all literary matters. For this we honor him, and posterity will remember his claims. From a page in his *Ancient Egypt* we take the following paragraphs, which contain the frank and spontaneous avowal of an educated gentleman, whose warmth of friendship for Dr. M. makes him as solicitous for his fame as for his own.

"A point has been reached in this exposition; where, before proceeding further, it is imperative on me to acknowledge the source, whence I de-

rive these views of primeval Nilotic history; and it is with cheerful readiness that I indicate my valued friend, Dr. Samuel Geo. Morton, of Philadelphia, as my authority for the positive demonstration of the Caucasian race and Asiatic origin of the ancient Egyptians.

"Under the title of '*Crania Egyptiaca*,' will appear from Dr. Morton's pen, a memoir, wherein the Caucasian race of the early Pharaonic Egyptians is, for the first time, demonstrated, by a mass of craniological, anatomical, historical and monumental evidence. I have had the full advantage of Dr. Morton's revision of whatever on this subject is herein advanced; while, so far as my name may be associated with the '*Crania Egyptiaca*,' it need only be said that I *derive the original idea, all the craniological facts in its support, and by far the greater portion of the argument herein put forward, from the perusal of this work in manuscript*; no less than from these subjects having, for six years, formed the substance of much epistolary intercourse, and for many months the constant theme of conversations between its author and myself.

"Were it not for the conviction, thus acquired from the incontrovertible array of facts set forth in the '*Crania Egyptiaca*' (facts hitherto unpublished by any writer in the world; and, with the exception of Sir J. G. Wilkinson, and one or two others, heretofore contested by all hieroglyphical authorities), I should not have ventured to take up against the opinions of learned and unlearned, the subject of the Caucasian race of the Egyptians; but reposing in confidence upon the labors of one so eminently qualified to decide, I am not apprehensive of the consequences in the minds of those who will peruse the work thus announced. Furthermore, its author is not responsible for any deviations from his views I may, perhaps erroneously, have adopted."—*Ancient Egypt*, p. 45.

Mr. Gliddon's reputation, as an ardent and highly successful cultivator of Egyptian history and archæology, is too well founded and too cordially acknowledged, to require any other support than his own merits; yet it would be unjust to the scientific reputation of our country, and to Dr. Morton particularly, not to say that his elaborate pursuits in ethnography, antedate, by many years, any acquaintance with Mr. Gliddon. In fact, on further observation, we discover that Dr. M.'s peculiar views of Egyptian ethnography, were actually presented to the world before a single fact had been transmitted by Mr. Gliddon to confirm them.

Having, we trust, with a becoming pride, heretofore adverted to the elevated ground maintained by a member of the medical profession, a glory attained by a severity of literary toil, it was due to the reputation of both the gentlemen whose names are here freely introduced, to point out their exact position, since it may be of some consequence at a future period. While acknowledging ourselves indebted to both of them for enlarging the boundaries of useful knowledge, by unravelling the knotted and tangled thread of ancient history, and opening to us a fair page that explains the ancient condition of civilized man, ages upon ages before the birth of Moses, we shall not attempt to conceal the desire that they may long live to enjoy the advantages of a brilliant reputation, and to add new trophies to those already acquired.

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*Intermittent, Remittent and Congestive Fevers.*—It was by the request of a respectable class of students of medicine, that the author of an in-



structive pamphlet of forty-eight octavo pages, was induced to publish the results of his own personal observations on intermittent, remittent and congestive fevers. Thomas Barbour, M.D., one of the Faculty of Kemper College, St. Louis, Missouri, is the writer, and he introduces himself both cautiously and appropriately to those who may consult him. Having had ample opportunity at the South and West for becoming familiar with every known phase in these maladies, at times so extremely formidable and destructive to life, we place strong reliance on all that he says respecting them.

In the treatment of intermittents, the doctor relies upon large doses of quinine—"from ten to twenty grains, combined with ten to twenty of Dover's powder," when the paroxysms are regular. When called to a patient in the cold stage, he gives from forty to sixty drops of laudanum, and from one to two drachms of paregoric—the feet being placed in hot salt or a mustard bath. In remittents, Dr. Barbour shows his greatest strength; but if we copy too freely, it might interfere with the prospects of the publication, which came from the press at the expense of a spirited body of students. Although he places reliance on calomel as a purgative, he does not, like some of his western cotemporaries, absolutely gorge the stomach with it. New England practitioners of modern times are convinced that there is a sad abuse of the Sampson of the materia medica, in the Mississippi valley, if all is true that is said of the mode of prescribing it.

Dr. Barbour's views of congestive fever are clear and satisfactory—and the treatment creditable to his judgment. He abominates, with a bold horror, two hundred grains of subnuriate of mercury, and shows himself, in this respect, a discreet teacher of his profession.

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*University of Virginia—Medical Department.*—Through the polite attentions of Dr. Leitch, of Charlottesville, a catalogue of the officers and students of this University for 1844 and 5 has been received. It is a very complete document, presenting the minutest details in the course of study, and affording the kind of information that parents always desire, when fitting out a son for the university. The school of medicine, however, particularly interests us, not so much because it is unlike any other one on the Continent, but on account of its admirable system of instruction, of which we have before made mention, as being worthy both of commendation and imitation. On the determined system of hurrying everything in this country, even the processes of education, this institution is at variance with some others. There is a time there for every pursuit recognized in a course of liberal study. A medical student matriculates for a term of nine months—for which he pays \$228. This provides him with board, room, furniture, washing, attendance, fuel, lights and library—all the professorial tickets, and subjects for dissection. It is a very moderate charge. There are other prominent advantages arising from a matriculation at the University of Virginia. With its excellent regulations a student cannot be idle there, nor can any excuse from a pupil be received for non-compliance with the daily recitations, attendance on lectures, &c., but indisposition. In short, from the organization of the medical department, it has stood high—and so long as the same care is bestowed on the professional accomplishments of those who may be

graduated, as has thus far been shown, the State will have much to be proud of and to increase her reputation abroad.

*Galvanic Rings.*—So generally are these contrivances for operating upon the credulity of mankind, worn by people who are always trying the last new remedy, that an excellent profit is made by the venders. A simple copper wire, coated on the outside by an envelope or hoop of zinc, sells for fifty cents. An enormous profit is therefore realized on them. Although manufactured here in sufficient abundance to meet any demand, it is asserted that none but those of English manufacture are the real Simon Pures! It would be a hopeless undertaking to convince those whose meat and drink it is to purchase all the latest reputed remedies, that they were duped. Each one considers himself a shrewd observer, and capable of deciding, at least, upon the merits and demerits of all medicinal compositions. Some people are always willing to give credence to mysterious modes of treatment, and it is well known that society abounds with excellent persons, distinguished for their humanity, charity and philanthropic yearnings, who would sign certificates till the crack of doom, to satisfy the bequacked part of the community that astonishing and even miraculous cures have been performed by some favorite remedy.

*Compound and Complicated Fractures.*—Messrs. Crocker & Brewster have just published an essay on the *Treatment of Compound and Complicated Fractures*, by William J. Walker, M.D., being the annual address before the Massachusetts Medical Society in May last. The pages of the Journal were so nearly made up when a copy of the essay was received, that a further notice must be deferred to another week.

*Quinine in Miasmatic Regions.* TO THE EDITOR.—Sir,—I live in a miasmatic district, where we have a great amount of intermittent and remittent fever during the spring and fall, which is treated by me with quinine in eight-grain doses, commencing twelve hours before I expect the chill, and give one every two hours until the patient has taken three doses, twenty-four grains, during the intermission. In giving quinine, if it is given within six hours of the chill, it does no good, for the stomach being inactive it does not digest sufficiently to pass into the circulation.

Monticello, Lewis Co., Mo.

Z. T. KNIGHT, M.D.

*Fear, its influence on public Health.*—Dr. Zimmerman has given a very interesting account of the influence exerted on the public health by the great fire at Hamburg in 1842. He notices particularly the fact that many bedridden invalids rose and displayed supernatural force and energy, some of whom remained permanently cured. Diarrhœa, mania and apoplexy were the principal diseases observed. There were 43 deaths, and 120 wounded. The monthly mortality was, however, below the average.

*Medical Miscellany.*—Dr. W. L. Wharton is Surgeon, and Dr. George Buist Assistant Surgeon, of the 2d Regiment of U. S. Dragoons—on their

march to Texas.—One case of yellow fever is reported to have occurred at New Orleans.—Four horses recently got into a log hut, and the door closing they remained nine days, without a particle of food, before they were discovered; but are now doing well.—A boy at Limington, Me., nine years of age, weighs 155 lbs. For two years he has been enlarging at a tremendous rate, according to the newspapers.—A Mrs. Greenlaw, of Bangor, through her clairvoyancy, seems to be making revelations so surprising, in regard to the thievish propensities of a man of unquestioned respectability, that the inhabitants of East Corinth have held a public meeting and resolved various things—none of them being in favor of mesmerism.—Dr. Paige, of Washington, D. C., who is connected with the patent office, has recently made a brilliant discovery in the application of electro-magnetism to the propelling of machinery.—In the intestines of an aged colored female idiot, who recently died at Baltimore, a pound of nails, pins and coal were found.—A man 79 years of age, in New Hampshire, is now cutting a third set of teeth.—At Geneva, in the professions, out of 1000, 114 fall by consumption, annually.—A white sulphur spring has been discovered on the margin of the lake, only a few miles from Saratoga Springs.—Dr. Jarvis, of Dorchester, and Dr. Kneeland, of Paris, France, have taken the Boylston prizes this season. The particulars will soon be known.

TO CORRESPONDENTS.—A paper from Dr. A. McCall, of Nashville, Tenn., has been received.

MARRIED,—On the 27th of May, Leonard Spaulding, M.D., of Millbury, to Miss Hannah R. Colburn, of Lincoln.—At Randolph, Vt., Dr. J. Y. Dewey, of Montpelier, to Mrs. Tarbox.

DIED,—At Greensborough, Ala., Robert D. Webb, M.D., by being thrown from his horse.

Number of deaths in Boston, for the week ending Aug. 9, 44.—Males, 21; Females, 23. Stillborn, 5. Of consumption, 5—convulsions, 2—accidental, 3—typhus fever, 2—smallpox, 1—infantile, 2—dropsy, 2—diarrhœa, 1—dropsy on the brain, 1—scarlet fever, 3—lung fever, 1—child-bed, 1—disease of the heart, 1—intemperance, 1—syphilis, 1—hooping cough, 3—quinsy, 1—cramp in the stomach, 1—erysipelas, 1—measles, 1—cholera morbus, 1—cholera infantum, 2—inflammation of the bowels, 1—disease of the bowels, 4—croup, 1—teething, 1.  
Under 5 years, 20—between 5 and 20 years, 7—between 20 and 60 years, 17—over 60 years, 0.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

July.	Therm.	Barometer.	Wind.	July.	Therm.	Barometer.	Wind.
1	from 48 to 61	from 29.39 to 29.40	S E	17	from 72 to 90	from 29.13 to 29.31	S
2	54 63	29.34 29.40	S E	18	70 82	29.22 29.36	N W
3	64 70	29.19 29.25	S W	19	59 78	29.51 29.52	N W
4	58 75	29.19 29.29	S W	20	62 80	29.39 29.53	S W
5	57 73	29.33 29.41	S W	21	68 88	29.20 29.27	S W
6	60 81	29.43 29.46	W	22	71 82	29.10 29.11	N W
7	67 86	29.27 29.42	W	23	62 74	29.10 29.14	N W
8	69 85	29.26 29.32	W	24	55 72	29.17 29.22	N E
9	63 76	29.36 29.44	N W	25	50 68	29.22 29.24	N W
10	54 79	29.50 29.56	N W	26	53 83	29.20 29.22	S W
11	62 88	29.28 29.38	S W	27	64 73	29.06 29.15	N E
12	73 93	29.25 29.27	W	28	54 67	29.00 29.00	N E
13	73 85	29.14 29.20	N E	29	56 76	29.09 29.12	N W
14	64 89	29.15 29.17	N W	30	68 82	29.07 29.07	S W
15	72 91	29.18 29.20	W	31	66 76	29.07 29.32	S W
16	73 92	29.27 29.37	S W				

The month of July has been pleasant, favorable to the husbandman and the ingathering of the crops. There has been quite a number of warm days—the 12th inst. the warmest for many years. Range of Thermometer, from 50 to 94—Barometer, from 29.00 to 29.56. Rain, 2.91 inches.—12th, Thermometer 82° at 9 P. M. 14th, Ther. 92° at 1 1-2 P. M. 15th, Dwarf Horse Chesnut in blossom. 16th, Ther. at 94° at 1 1-2 P. M.

*Needles in the Parietes of the Heart.*—Dr. Sklarsky, a Russian physician, relates a case of aneurism of the aorta occurring in the person of a woman, æt. 50, and proving fatal by rupture into the pericardium. On examination, a sewing-needle one inch long, was found so firmly imbedded in the substance of the right auricle, and so corroded, that it broke into several pieces on attempting to extract it. Dr. Sklarsky supposes that the needle having been swallowed, stuck in the œsophagus, then passed into the aorta, and gave rise to the aneurism, whence by the movements of the heart, it was thrust into the auricle. In the following case recorded by Dr. Leaming, the progress of the needle appears to have been traceable by the symptoms. A young woman, when stooping over a table, ran a needle into the right breast; a month subsequently she was suddenly seized with pleuritis, after stooping to pick something from the floor. Five months after this, she had pneumonia, with bronchitis of the right lung, and within another month spasms of the diaphragm, which were succeeded by obstinate vomiting and subsequently by pain about the heart and pericarditis. The needle was found after death in the heart, passing from the back, through the right ventricle into the left.—J. R. BENNETT, in the *British and For. Med. Review*.

*Accident to Professor Paine.*—We are happy to learn that Professor Paine, who recently received a severe injury by the upsetting of a stage, near the village of Ballston Spa, is rapidly recovering, and will soon be able to resume his usual avocations. As many erroneous statements have been published in relation to the manner in which the accident occurred, as well as the nature of the injury received, the following particulars, derived from Dr. P. himself, will not be uninteresting:—The stage, at the time of the accident, was laden with thirteen passengers, and was drawn by high-mettled and unmanageable horses. Dr. Paine perceiving the danger, repeatedly requested the driver to stop on arriving at the top of a high hill, at the bottom of which was a bridge at an elevation of some fifteen feet above the rocky bed of a small stream below. At the moment of passing the bridge, the outside rein of the off horse gave way, which, by the efforts of the driver to hold the horses, brought the leaders suddenly round, and the carriage was precipitated into the mud and water below. Dr. Paine was taken out almost immediately, in a state of insensibility, from which he soon recovered. On examination, it was found that his collar bone and two or three ribs of the left side were fractured; these, together with some bruises, and a severe concussion of the vital organs, rendered his situation very precarious for a day or two; but, from letters just received, we are glad to learn that he is rapidly convalescing. We trust that medical science may enjoy the benefit of his talents, learning, and research, for many years to come.—*New York Journal of Medicine*.

*Paralysis.*—We have used the strychnine 1-12 gr. three times a day, and gradually increased the dose to 1-8 gr. in two cases, which we thought in a condition to be benefited by it; that is, in which there was no evidence of inflammation. Slight twitchings in the paralyzed limbs were produced, showing the action of the remedy, but no permanent benefit has resulted. The conclusion is from this fact and from the chronicity of the cases, that changes have taken place in the structures beyond the power of our art.—*St. Louis Medical Journal*.

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DR. COALE'S PRIZE DISSERTATION ON FRACTURES.

[Continued from page 35.]

NEARLY contemporary with Gooch was Percival Pott, whom, however, we will only quote upon those points on which he originated some modification of the methods of treating fracture of the femur previously in use—though his remarks concerning the treatment of fractures generally, are well worthy of attention.

It being evident that the chief source of difficulty in keeping the parts of the fractured bone in proper apposition, is the tension of the surrounding muscles, causing the ends to ride over each other, Pott thought that the limb might be put into such position as would lessen this tension and thus greatly remedy the difficulty. The manner in which he hoped to effect this, may be best given in his own words. "The position of the os femoris should be upon its outside, resting on the great trochanter; the patient's whole body should be inclined to the same side; the knee should be in a middle state, between perfect flexion and extension, or half bent; the leg and foot, lying on their outsides also, should be well supported by smooth pillows, and should be rather higher in their level than the thigh; one very broad splint of deal hollowed out and well covered with wool, rag, or tow, should be placed under the thigh, from above the trochanter quite below the knee; and another somewhat shorter should extend from the groin below the knee on the inside."\*

Though the excellence of much of the above is more than doubtful, it is interesting as presenting the first suggestion of flexing the limb to lessen the tension of the muscles. We are indebted to Pott in a great measure for exposing the absurdity of several ideas previously prevalent in the treatment of fractures. One is the advantage of using "roborant" and adhesive plaster, and other such applications, externally in simple fractures. He strenuously discountenances these as useless, and in many cases hurtful, but apparently unable to shake himself entirely free, he allows cere-cloth if it does not stick to or irritate the skin, and acknowledges that "at St. Bartholomew's *we*" use a cerate "of lytharge." Another absurd idea which he contends against, is the one above mentioned when speaking of Gooch—"the juice of the callus." This he ridicules exceedingly, and though his reasoning is erroneous in some details, it shows him to have been in possession of correct principles.

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\* The Chirurgical Works of Percival Pott, F.R.S., &c., London, 1783, v. i. p. 423.

We have not cared as yet to set forth in detail the imperfections of the various apparatus mentioned, but have left them to suggest themselves to the general intelligence of the reader. A new school, as it were, commenced with Pott in the treatment of fractures of the femur, and though many of the ideas which he advocated have long since been abandoned as erroneous, some of his suggestions are acted upon to the present day. We will therefore in future follow out in turn each new principle, and tracing its history uninterruptedly down to the present time, attempt to point out perspicuously and concisely its excellencies and defects. We will thus, though nominally giving a mere sketch of the progress of an art in this direction, in reality prepare the reader to judge with discrimination which is the best apparatus for the treatment of fractures of the femur."

The first objection to Pott's method was, that the position was very irksome, and impossible to be retained without such motion of the body as would inevitably derange the broken bone. It deprived the patient of the use of one arm—it made it difficult for him to void his stools—and finally, extension could not be effectually maintained. Yet the idea of relaxing the most powerful muscles (all, of course, could not be relaxed) was approved of and influenced White, the two Bells, the two Coopers, Mr. Earle, and many others, in the construction of their apparatus.

Mr. White made his splint of iron, hollowed out to adapt it to the form of the leg and thigh, but it being found heavy and inconvenient, a Mr. James, of Hoddesdon, improved it by constructing it of wood with moveable side splints.\* J. Bell† and Sir Astley Cooper‡ were content with two boards, joined at an obtuse angle and connected by a third board at their distant ends. For greater convenience of adaptation, the two boards forming the double inclined planes were joined by hinges, and the third or horizontal board was furnished with a rack to receive their ends, so that they might be placed at any inclination desired. Side splints detached from the rest of the apparatus were used. A machine precisely similar to this was devised by Delpech, and Gerdy§ devotes to it a plate and several pages of description, but it involves no new principle and is more complicated than those of Bell or Cooper, whilst it has none of the conveniences of Earle's fracture bed.

This somewhat celebrated affair was contrived in 1806 by Mr. Henry Earle for a very bad case of fractured femur, and its invention was at once rewarded by the Society of Arts. It consisted of three inclined planes—one for the trunk, one for the thigh, and one for the leg. They were well covered with mattresses—provided with a rack to adjust the inclination, and the plane for the trunk had a piece which could be removed so as to enable the patient to pass his stools with ease and comfort. As a still further convenience this bed was provided with a frame work to hold a book or writing materials.|| Still the principle of the

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\* *Cases in Surgery*, London, 1771.

† *Operative Surgery*, v. ii. *Principles of Surgery*, edited by C. Bell, v. ii. p. 183.

‡ *Surgical Essays* by A. Cooper and B. Travers, London, 1820, v. ii. p. 59.

§ *Traité des Bandages*, p. 411, pl. ix.

|| *Practical Observations in Surgery*, London, 1823, p. 128.



contrivance was identical with that of Bell and Cooper, the ingenuity being chiefly exerted upon the accessory comforts rather than upon perfecting the *fracture* apparatus.

The chief objection to the latter machines is their size, and to the more perfected one of Earle the mechanical complication and expense were additional evils. The great advantage promised by them, besides the relaxation of some of the muscles, was, that the weight of the pelvis would assist in extending the limb, and concerning this Cooper has said much that has generally been approved of. Dr. Bonnett, however, Surgeon-in-Chief of the Hotel Dieu at Lyons, doubting the benefits of the demi-flexed position in treating fractures of the thigh, undertook several experiments with a view of throwing light upon this point. He broke the bone and ascertained that in fractures of the thigh the position of the lower fragment is modified by the movements impressed upon the leg and foot, and of the superior by those of the vertebral column. That when the knee is bent as usual in treating fractures by demi-flexion, the inferior fragment is pushed upwards and its point thrown towards the posterior and internal side of the thigh, and the articular extremity forwards and a little outwards. He thinks this constant, and that it occurs to a greater extent during life than after death, and therefore decidedly objects to the demi-flexed position.\*

Though we have made no such experiments, and cannot even give a rational argument against the conclusions of Dr. Bonnett, we cannot feel the force of them in treating these injuries with proper apparatus, and we are confident that the contrivance of Amesbury, and all after that type, would perfectly remedy the difficulties above suggested, whilst the relaxation of the flexors, the convenience of position, and the assistance given by the weight of the pelvis, are advantages which in our estimation should not be slighted.

Amesbury's splint consists of a piece for the thigh and another for the leg, connected by a hinge, and furnished with a rod lengthened or shortened by means of a screw, answering the purpose of the third or horizontal board of Cooper and Bell. These pieces are curved to fit perfectly the under surface of the limb. A foot-board is attached to the leg piece, and the apparatus is so contrived that either by shifting the pieces or by elongating slides it can be adapted to limbs of various lengths. The thigh is surrounded by Gooch's flexible splint, and the whole secured by straps, buckles and screws, of each of which there is apparently an indefinite and most bewildering number, constituting the great and fatal defect of the machine.† Liston simplified this very much. A frame-work of two lateral rods of iron, jointed at the knee, and connected by four half hoops of the same material, constituted the foundation of his splint. Canvass or leather attached to these pieces replaced the carved posterior wooden splint. A wooden foot-piece is made fast by a thumb-screw at

\* His paper is reviewed in the *Gazette Med. de Paris*, 1839, No. 38 et seq., and in the *Archives Generales de Med.*, Jan., 1840.

† Observations on the nature and treatment of fractures of the upper third of the thigh-bone, and of fractures of long standing; showing that fractures of the neck of the femur and others admit of being united, &c. &c., by Jos. Amesbury, Lond., 1828.

the desired point of the leg-pieces, which latter are furnished with a broad transverse support at the lower end, or so contrived as to screw to the bedstead if necessary. Side splints, straps and buckles are also used, but in less numbers and simpler forms than with the last.\*

An apparatus much like this has been used for some years past by Prof. N. R. Smith, of the University of Maryland. In it the side pieces are of wood, but except in unimportant details it does not differ from Liston's.† To bring the history of this form of apparatus down to the present day, we will merely say that a physician of one of the neighboring States has contrived one which seems to be a conglomeration of Amesbury's, Liston's and Smith's—not an eclectic effort after the excellencies of the others, but the result of an evident desire to give them all together in wood, iron, canvass, leather and brass—straps, buckles, screws and slides—truly fearfully and wonderfully made. And, lastly, Dr. Hamilton Rowe, of New York, not making any pretensions to novelty, “got up” a set of splints upon the general plan of Amesbury, nicely carved, but shorn of three fourths of the buckles, straps and screws, and otherwise much simplified, and to these we give the palm for double inclined plane splints, advising the use of them under circumstances hereafter to be mentioned.

In all of these, the bulk is no objection, as the limb when encased in them is not increased an inch in diameter. Their weight, too, is very slight, their neatness and cleanliness unimpeachable. What is also of importance, the inclination of the thigh and leg pieces can be increased or diminished unconsciously to the patient, and the limb thus exercised by passive motion towards the latter part of the period required for a cure.

Besides these advantages in the use of this form of splint, there is another, not peculiar to it, but a characteristic of Sauter & Mayor's method, and also used with the “immovable” apparatus—that of suspending the limb from some point above the bed—the ceiling, say—at just such a height as to clear the mattress and permit free motion in every direction. The limb thus slung is not jarred by the movements of the trunk, and the muscles being allowed some little change of tension, escape fatigue. This was originally suggested in the latter part of the last century, and is given in the sixth volume of Benj. Bell's Surgery. Few suggestions have done more to ameliorate the condition of patients suffering from fracture, or have tended more, though indirectly, to increase the ultimate success of the treatment, than this simple and apparently most natural one. The height at which to suspend the limb should be such, that it may move through the arc of as large a circle as possible, and thus but slightly deviate from a horizontal position.‡

\* Edin. Medical and Surgical Journal, April, 1820.

† Baltimore Med. and Surgical Journal, Edit. by E. Geddings, 1833, v. i. p. 13.

‡ To suspend the limb, get a hook which will screw into the ceiling. Take a block of wood two and a half inches long, one wide, and three quarters of an inch thick. Through the thickness of this bore two holes, inclining towards each other so as to be about two inches apart upon one side and an inch and a half upon the other. Fasten a piece of cod line to one end of this piece of wood, carry it up over the hook; bring it down into the divergent end of the upper hole, through this into the convergent end of the lower to the splint. The advantage of this little affair, which can be made in less time than it takes to describe it, is that by raising the splint and taking the tension from the cord, the block can be slid up or down upon it so as to make the limb higher or lower, but whilst the cord is tense the block is firmly held in its place, and the limb preserves the height at which it was adjusted.



We will now take the reader back to a period a little later than that of Pott for the type of another species of apparatus for the treatment of fractured thigh, which has held a high rank amongst such contrivances. It is characterized broadly and generally by its "aim to connect the pelvis and superior fragment into one piece, and the leg and inferior fragment into another," and to exert continued and forcible traction upon these as nearly as possible in the direction of the axis of the whole body. It may be said that this was the aim of Belloq, and that we should take our departure in the description of this species, from his machine. It is true that he made counter-extension against the tuber ischii, but he did this very imperfectly, and his rack-like machine seems rather to belong to the days of glossocomii and trispastoi than to an enlightened age.

We shall begin with Desault. He used three splints: the outside one hollowed a little at its upper part to adapt it more perfectly to the convexity of the hip and thigh, and extending four inches beyond the sole of the foot, having a mortice cut into its lower end; the anterior one extending from the groin to the knee; the inner one from the perineum to the sole of the foot. These were well padded, and the necessary number of junk bags filled with chaff were used to further protect the limb. Omitting the description of the rollers, splint-cloths, &c., we only give those bandages which enter into the extension apparatus proper. One broad one carried around the body fixed the upper end of the long splint against the hip, whilst a roller, well wadded to prevent chafing, passed between the thighs as suggested by Heister, and had its ends tied firmly over the head of the splint. This was the counter-extending band, and though the deviser says that the *point d'appui* is the tuber ischii, it must be evident that the perineum, and more particularly the neighborhood of the attachment of the semi-membranosus and gracilis, will have to bear the greatest pressure. Around the foot and ankle were passed two rollers, the four ends of which served as extension straps, and were made fast to the lower extremity of the outside splint—for which the mortice above mentioned was intended to furnish a facility. The inner and anterior splints gave a firmness and compactness to the whole arrangement, the minuter details of which we could not profitably and therefore do not care to enter into.\*

To this apparatus were two objections. The perineal strap was very apt to chafe—in many cases, indeed, this could not be prevented.† The extending bands being carried off at an angle, to the extremity of the splint, extension was not made in a direct line, and the outside of the foot bore too much against the splint, causing it to chafe. As other minor objections, not affecting the principles but rather the details, the waist bandage was apt to slip, and the extension bands at the foot being rollers, their pressure was not evenly and constantly distributed.

\* A Treatise on Fractures, Luxations and other affections of the Bones. Ed. by X. Bichat (published in France 1811), translated by Chas. Caldwell. Phil. 1811. p. 232.

† To this the lameness of General La Fayette was owing, and not to the fracture of the thigh being badly united, as has been generally supposed. The case I have read in one of the old French Journals, but I cannot lay hands upon it now.

Boyer omitted the waist bandage entirely, and attached the foot to an iron sole well covered with soft leather, and connected to a screw, by turning which, it could be moved up or down the long splint and extension effected.\*

Dr. Physick thought that with an outside splint only reaching to the hip, counter-extension was made at too great an angle with the axis of the limb and had a tendency to force the upper fragment outward; a mishap very likely to occur when the fracture is near the neck. To remedy this defect, he used a longer splint extending up to the armpit and furnished with a head like a crutch, well wadded. Immediately below this head a mortice was cut to receive the counter-extending band. Another useful suggestion was made by a Dr. Jas. Hutchinson to remedy the defect in the extension of the foot in Desault's apparatus, without recourse to the screw of Boyer. This was simply to attach a block, about one inch and a half thick, at right angles to the lower end of the outside splint on its inner side—over which block the extension bands could pass, thus bringing the traction more into a line with the axis of the leg.† With Physick's the axilla received at all times a part of the counter-extending force, and the whole of it when the perineal strap was removed to examine whether it chafed.

The only other modification of Desault's splint which it is worth while to mention, is that of Dr. J. F. Flagg, of Boston; and this we mention, not that any new principle is introduced, but because it is used with almost unvarying success in the Massachusetts General Hospital. The waistband is replaced by a broad belt buckled on, having a leather pocket for the reception of the head of the long splint. The perineal strap of Boyer is used, but in addition to it the inner splint is fitted with a head like a crutch, well stuffed, and is made to exert part of the counter-extending force. Through a cross piece morticed into the lower end of both pieces, a screw passes, to which the foot straps are attached, and by turning the screw traction is effected.

The value of Desault's principles as used under the last-mentioned improvement, as well as in almost all of this type, may be very readily estimated. The apparatus is simple, cheap and readily obtained or manufactured. It is not bulky or heavy. Traction is sufficiently strong, can be easily tempered, and is made in the proper direction. By a judicious distribution of the compresses and junk bags, the limb is uniformly and well supported. So much for the favorable view. The unfavorable points are three:—The position of the whole body, when an apparatus of this kind is applied, is very constrained, and of course irksome. The perineal strap is very liable to chafe and ulcerate the parts against which it is applied, particularly with corpulent persons and with females. It is also apt to become foul from contact with the excretions. This summary exhibits a balance in favor of this splint, our views as to the application of which will hereafter be given.

An apparatus constructed upon another plan, for producing extension and

\* *Traité des Maladies Chirurgicales*, &c., Paris, 1822, v. 3, p. 302.

† *Institutes and Practice of Surgery*, &c., by Wm. Gibson, M.D., Phil. 1824, v. i. p. 441.

counter-extension, has been frequently confounded with that of Desault, but it will be seen that the principle is different. We mean that of Hagedorn. Even before Desault wrote, Bruninghausen, a German surgeon, treated fractures of the thigh by confining both feet together, making the sound limb answer the purpose of a splint.\* This was highly ingenious, and if he could have kept the pelvis from *giving* towards the injured limb, it would have answered very well; but yielding to the influence of pain, the pelvis would cant, and of course permit the fragments of bone to override each other.

This defect Hagedorn attempted to remedy in the following manner. A splint, reaching from the crest of the ileum to just below the foot, had, strongly and stiffly morticed at right angles to its lower extremity, a board large enough to receive the soles of both feet, and perforated with many holes. This splint was firmly bound to the outside of the sound limb throughout its whole length and to the hip. The foot of the same side was then made fast to the board by an ankle band, with straps passing through the holes above mentioned. The fractured limb was lastly extended, and the foot of that side made fast along side of the other—the limb itself remaining without dressing or bandage.†

Finding that even with Hagedorn's splint the pelvis could not be kept perfectly firm, Prof. Gibson, of Philadelphia, modified it by using two splints, one on each side of the body, and these instead of reaching to the hip were extended to near the axilla.‡ This, we may take for granted, remedied the defect, but to look at the picture illustrating his apparatus is sufficient to impress one at once with the objections to it. The man looks as if he were getting his coffin made by instalments, and was already fitted with it from his arms down, and it is evident that his position must be irksome to an almost insupportable degree, to say nothing of the difficulty of attending to personal cleanliness whilst the patient has so much of him encased in wood and bandage. Samuel Cooper thinks Hagedorn's "perhaps the best apparatus ever invented for fracture of the neck of the thigh-bone;" and so with a constantly careful and observant surgeon it might be, but we must beg leave to doubt its efficacy and certainly its *peculiar* excellence as a means for the majority of practitioners.§

The next method of treating fractures of the thigh has been designated by the title "the suspensory method," the history of which is as follows. In 1812 Dr. Sauter, of Constance, published a work|| in which he advocated the treatment of fractures by simply suspending the fractured limb upon a horizontal platform sufficiently provided with cushions—the limb being unconfined by splints, but merely kept in place by enough handkerchiefs or other bandages to effect that object. The advantage promised by this means, was, that from the mobility of the limb,

\* His work was first published at Wurtburg in 1789, 8vo. with plates. It was translated into Italian by Paletta, but never into English.

† His work was published in Leipzig in 1808, 8vo. 2 plates. I have not seen it.

‡ Op. citat., v. i. p. 445.

§ First Lines of the Practice of Surgery, Phil. 1835, v. ii. p. 290.

|| Instructions pour traiter surement, commodement et sans atelles, les fractures des extremités, &c. Traduit de l'Allem., par M. Mayor. Constance, 1812.

movements of the body did not produce any jar or shock that would displace the fragments of the fractured bone, and consequently the clumsy and annoying apparatus of bandages and splints was unnecessary, and all the inconveniences entailed by their use avoided. In spite of the advantages which the original suggester of this mode of treatment thought would prove so obvious, treatment of fractures by the "planchette suspendue" had excited but little attention when Dr. Mayor adopted the idea, and having already translated Dr. Sauter's work from the German, he published in 1827 at Geneva his own views.\* His book shows much originality, laborious research and praiseworthy industry, but we cannot help feeling, upon its perusal, that the author has permitted himself to be engrossed too much with one idea, a not uncommon fault of even superior minds. To finish the history of Dr. Mayor's exertions up to his last publication upon this particular subject, in 1838 he published his third and last (I believe) work,† in which, in addition to his advocacy of "Hypothenarcie," he recommends many simple substitutes for the more complicated apparatus now in use, particularly of handkerchiefs for roller bandages.

We will give a more detailed description of Dr. Mayor's apparatus. The simplest contrivance, and the one which may be taken as the starting point for other devices having the same object, or the type upon which his other fracture apparatus are formed, consists of a plain piece of plank, say an inch thick and of size proportioned to the limb to be placed upon it. A cord is attached to each corner by passing through a hole, and being knotted on the under side, and by these four cords united at the height of three feet into one, the board is suspended. Upon this board a cushion is laid for the protection of the limb, which is kept in place by two or more handkerchiefs encircling both it and the board. The above, as we have said, is the simplest form of Mayor's apparatus, but it embodies every principle he insists upon.

For the more complicated forms, we can conceive of the board having holes cut in different parts of it, or having upright pieces tennoned into the edges of it, in order to vary the direction of *lateral* traction, or make it more efficient by passing the ends of the handkerchiefs through the one or around the other. The plank, which is hard and unyielding, is replaced by an outline frame-work of tough wood or of steel rod, filled across with wire, the elasticity of which would obviously tend to lessen the irritation of the support.

Still further—in fractures near articulations, or upon any other necessity, two or even more of these frames may be joined together at the end, either with a flexible or immovable joint. For the thigh the particular apparatus is as follows. A platform, for the thigh alone, may be used, or one extending straight from the ischium to the heel—or one composed of a thigh and leg-piece united at an angle, the latter much resembling some of the apparatus we have already described. With

\* *Memoire sur l'Hypothenarcie ou sur le traitement des fractures, par la planchette.* Geneve, 1827.

† *Bandages et Appareils a pansements, ou nouveau system de deligation Chirurgicale, &c. &c.* Paris, 1838, 8vo. avec atlas.

these, straps well padded and furnished with buckles are used to keep up the necessary extension. For fractures of the neck of the thigh bone three contrivances are recommended—a thigh-piece alone, a leg-piece alone, or a popliteal support, "*selle poplitée*," somewhat resembling a small saddle, answering to the double inclined plane, but not furnishing support over so large a surface. To these the objections are obvious—too many muscles being not only left at liberty to exert themselves, but being excited to exertion in order to give that steadiness to the limb which might be furnished by the splints.

Such is the apparatus of Mayor, the advantages and defects of which are almost as evident as the contrivance is simple. We can say that wherever it is sufficient to achieve our designs, nothing could be simpler, cheaper, less troublesome or more comfortable, and in fractures of the leg unattended with complication, but a trifling modification would induce us to give it a hearty approval. When, however, we take into consideration the nature and extent of the difficulties we have to contend with in treating a fracture generally so unfavorable from its obliquity, and surrounded by such powerful muscles as that of the femur, we could not feel safe in employing it without such alteration as would take from it some of its most characteristic peculiarities. At the same time we would not wish to appear to doubt the sincerity of M. Mayor in his assertion that he has treated many cases of fracture of the femur, with perfect success, but can readily conceive that cases simple in their nature, and treated with great care and constant attention, might often eventuate well.

In spite of the admirable zeal of M. Mayor, his method seems to have made but little progress in the good opinion of the profession, and its application is still comparatively limited to a very few, except under such modifications as would scarce permit its originator to recognize it.

[To be continued.]

## THE "EPIDEMIC" IN CENTRAL NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

THIS disease, which has prevailed so extensively throughout the country under the names of "epidemic fever," "black tongue," "typhoid erysipelas," &c., made its appearance in this section about three years since. Commencing in certain districts, raging for a few months, and then gradually abating as it appeared in other places, it has travelled over a great part of central and western New York. In some localities it has assumed a malignant and fatal character, attended with erysipelatous inflammation and typhoid symptoms. In others it has been of a milder form, distinguished by a cynancheal affection of greater or less severity. Hence the different appellations it has received. By some the term "black tongue" has been applied to all cases, whether this symptom were present or not; and by others, "epidemic," and "typhoid erysipelas." The former I have rejected, not only as unscientific, but as

merely expressive of a symptom frequently observed in fevers of a malignant character; and the latter appears to me equally inappropriate, at least in a majority of cases.

The constitutional symptoms which characterize an attack of this epidemic, closely resemble those of our ordinary remittents, except in their much greater diversity—a diversity which pertains to its whole course, as if it were not under the control of those laws which regulate the progress of most febrile diseases. In some instances it is ushered in by a severe rigor, succeeded by vigorous re-action. In others the premonitory stage is protracted. The different stages, however, are seldom well defined, and the remissions and exacerbations are irregular. Sometimes the fever is quite ephemeral, and terminates in a critical evacuation. But more generally it advances for an indefinite length of time, and without any marked crisis terminates in gradual convalescence or death. The nervous symptoms throughout the course of the disease are very conspicuous; the pulse exceedingly variable; the tongue, at first covered with white or yellowish fur, soon becomes dry and dark. Nausea and vomiting are common at an early period, and not unfrequently diarrhœa, with delirium, tympanitis and colliquative discharges in the latter stages. Some of the local symptoms are more diagnostic of the epidemic. Catarrh, more or less severe, appears before the constitutional disturbance is manifested. The fauces soon become inflamed, the tonsils enlarged and painful, tongue swollen, &c. Extensive suppuration of the tonsils frequently takes place; and in some of my cases, abscesses have formed in different situations about the throat, requiring an external opening and giving exit to large quantities of matter. Erysipelatous inflammation about the head, face or extremities is also common; sometimes confining itself to a single spot, sometimes shifting from place to place, and sometimes spreading over a large extent of surface. This inflammation has appeared among the first symptoms, but usually not until two or three days after the development of the fever, and often much later. When it confines itself to superficial parts, and the constitutional disturbance is moderate, desquamation takes place, and the patient generally recovers in a few days. But when it attacks internal organs, or when it involves sub-cutaneous structures terminating in suppuration or gangrene, the case becomes one of great danger. Some cases have occurred in my practice in which the inflammation began with a vesicle upon the hand, spread rapidly over the fore-arm, assumed a phlegmonous character, and terminated in suppuration and sloughing of the cellular tissue. I have also seen some cases in which it has attacked and terminated in gangrene and death in a few hours. These, however, were patients of relaxed and vitiated habits.

The disease seems to attack principally adults; those whose constitutions have been enfeebled by age, intemperance, or previous disease, being most obnoxious to it. Among puerperal women its ravages have in some instances been truly frightful. In cases of this kind that I have seen, the disease has appeared in the form of puerperal fever, coming on simultaneously with the re-action after delivery, and generally terminating fatally.



The striking feature of this epidemic, and what constitutes its greatest danger, is the extreme proneness to visceral inflammation and early prostration of the vital powers. The brain, the respiratory or the digestive organs, if not primarily affected, are almost sure to suffer at a later period. Cerebral irritation is generally a prominent symptom in the complaint, and when inflammation has attacked this organ it has usually made its appearance in the advanced stages. Pulmonary and hepatic inflammations also supervene at any period, sometimes setting in with the re-action after a collapse.

In some instances where the re-action is not vehement or the local affection very obvious at first, gastro-intestinal inflammation supervenes. The nervous energies become exhausted, and the patient sinks with tympanitis, involuntary discharges, subsultus tendinum, delirium, coma and death, almost before such an event can be anticipated.

With regard to the origin of this disease, and how far it may depend on miasmatic influence, there is some diversity of opinion—a subject, to enter upon which will extend too far the limits of this article. Suffice it to say, according to my observation, it has not confined itself to, nor indeed has it assumed greater malignity in low and marshy districts, but has appeared in its worst form in situations remote from the ordinary sources of malaria—situations that have hitherto been remarkable for their salubrity and free from miasmatic diseases.

As to its contagious character, I will only say that attendants and those most exposed to the sick room, are very liable to it. In some instances whole families have been successively attacked, as have domestics also, some of them after returning to their homes at a distance for the purpose of avoiding the danger.

*Treatment.*—In this as in other affections the practitioner must be governed by general principles, and guided wholly by the indication present, keeping in view the peculiar tendencies of the disease. In young and robust subjects, where the re-action was vigorous, and especially if there were symptoms of visceral inflammation, I have used the lancet, bleeding in all cases until a decided impression was produced, but seldom repeating the operation. Some have remarked that this impression is obtained by a very limited abstraction; but such does not accord with my own observation. In old or debilitated subjects, and even in the robust after the disease is much advanced, I consider venesection hazardous. A gentle emetic in the commencement generally proves beneficial; also one or two cathartics sufficient to evacuate the bowels freely, in the early part of the complaint. For this purpose I have used six or eight grains of calomel, followed by a small dose of castor oil. When this is omitted or postponed to a late period, the tendency to gastro-intestinal irritation with its attendant symptoms is much greater. After the above means, mild aperients, enemata, sudorifics, anodynes, &c., according to the indications, with a mild and unirritating diet, constitute the general management. Tonics and stimulants are often indispensable, but require to be administered with great caution, as they are apt to re-excite inflammatory action. Mercurial ptyalism at an early period has

in many instances been followed by very happy results. This has been particularly marked in some cases where pulmonary or hepatic inflammation existed. Antimonials and drastic cathartics I have avoided on account of the mucous irritation almost invariably present.

In topical remedies much reliance is placed; sinapisms, blisters, cups, leeches, &c., according as they are indicated, in the vicinity of the local affection. As an application to inflamed surfaces, I have used a solution of the sulphate of iron with very satisfactory results—varying the strength according to the susceptibility of the part. Blisters are also used to arrest spreading inflammation, but for this purpose the tincture of iodine has answered my expectations better. When the tonsils are much inflamed, free scarification and the nitrate of silver are the usual remedies, with external stimulating applications to the throat. When suppuration occurs in any part, it should be treated upon general principles.

*Summer Hill, N. Y., Aug. 8, 1845.*

H. O. JEWETT, M.D.

#### EXCISION OF A FIBRO-CARTILAGINOUS TUMOR FROM THE NECK.

[Communicated for the Boston Medical and Surgical Journal.]

ON Wednesday, June 26th, 1844, Ashley M. Rose, an athletic seaman, of medium stature and full muscular development, 34 years of age, presented for examination, at the request of Dr. N. Ruggles, of this town, a tumor, of which he gave this account:—at 12 years of age he perceived a small, hard substance, behind the lower part of the left ear, in which he did not observe any remarkable change, until about his 17th year; that from that period until the present, he had noticed a constantly increasing enlargement, particularly rapid during his recent voyage, including the last three years; that he now experienced so much pain and inconvenience from it, that he had determined to submit to its removal, should an operation be deemed advisable.

On careful observation, the tumor was found to be hard, unyielding, and occupying parts of the parotid, auricular, mastoid, sterno-mastoid and carotid regions (of Blandin), pushing upward and outward the lobe of the ear, extending from the meatus auditorius downward nearly three inches, and from a point half an inch behind the facial artery, at its crossing of the jaw, three inches posteriorly; it projected so much as to induce him to wear his hair long, to conceal the deformity. The tumor was pyriform, apex downward, slightly mobile, covered by a skin highly vascular, and presented neither pulsation nor fluctuation. Dull, heavy pain was experienced in the tumor and neighboring parts, together with an occasional darting towards the shoulder, greatly increased by vigorous exertion, as rowing in a whale boat, accompanied by a permanent uneasiness in the entire left side of the head. The patient could account for the existence of the disease, only by his having been pinched behind the ear, when a boy, by his master, as a punishment.

An operation having been decided upon, as judicious and feasible, it was on Monday, July 1st, performed in presence of Drs. N. Ruggles,



Isaac Thompson and J. B. King. A crucial incision was made over the middle of the tumor, as large as possible, without wounding the external jugular and the nerve of the seventh pair. On raising the superior, anterior flap, this nerve, coming clearly into view, was carefully dissected from the tumor, although at the cost of great suffering to the patient. Dissecting down to the sterno-mastoid, I found the tumor extending inward and backward, whilst, on its superior face, I discovered that it rose above the lower edge of the jaw, and directed its course inward there also. The apex of the tumor, pointing downward, also had a tendency inward. Enlarging the incision, in a line parallel with the jugular, and an assistant drawing aside this vessel, I attempted to dissect from below, upward, and succeeded in freeing the tumor from its attachments beneath the sterno-mastoid, and partially within the lower jaw. I now found the disease intimately adherent to the parotid gland, and being unable to detect any line of separation, I cut away so much of the gland as seemed liable to be in any wise diseased, and this, too, without any very profuse hemorrhage. At this stage of the operation, I became satisfied, from the number of small arteries in the tumor, already secured by torsion, that large arteries, as yet uninjured, nourished the disease, and requesting Dr. Ruggles to compress the carotid, the pulsations of which were very strong in the bottom of the wound, I cautiously separated the tumor from its remaining attachments. A profuse hemorrhage immediately followed, which, however, was speedily controlled by pressure on the carotid, and the introduction of a sponge; three arteries, of considerable size, were secured by twisting with the artery forceps of Goulding. The carotid sheath was exposed, at the bottom of the wound, for at least two inches.

The wound was dressed with sutures and adhesive straps, and compression made by a simple roller, to bring the surfaces in contact. The patient, who had borne the operation with heroic firmness, declared himself very comfortable, and was placed in bed and ordered gruel and cold water in small quantities.

At evening, pulse 96, full and strong. Bandages considerably stained, but no serious hemorrhage. Strict confinement to the supine position, cool drinks and low diet.

July 2d, A. M.—Feels pretty well; some headache; pulse 96; bandages as last evening. R. Magnes. sulph.,  $\frac{3}{4}$  jss. Low diet. Wet bandages with alcohol.

Evening.—Pulse full and strong, 100. Salts have operated freely. Pain in head. Begins to feel uneasy everywhere. R. Venesection ad  $\frac{3}{4}$  xvi. Relieved; pain and uneasiness gone.

3d.—At morning visit pulse 76; no pain anywhere. Wishes to rise. Continue low diet and cold drinks.

At 10, A. M. removed the dressings. Found the wound healed, except from ear to the crucial line. No hemorrhage. Dressed with lint, smeared with lard. Continue alcohol.

In one week and six days the patient was discharged, and in four weeks was perfectly well, the superior part of the wound having, for a time, discharged a bloody serum, and finally healed.

When I last saw the man, in October or November, the face was perfect in every function, the muscles entirely under the control of the will, the parotid exhibited no indication of any lesion, the neck had resumed its fair proportions, apparently free from all disease, and the patient was exempt from all the pains, to which, for years, he had been subject.

The tumor, when drained of blood, weighed two and a half ounces, was pronounced by all the medical gentlemen present, fibro-cartilaginous, and presented, on its superior face, numerous tuberculated prominences; it did not lead us to suspect malignancy, but rather to conclude that it caused pain, by its pressure on neighboring nerves, and interference with muscular action.

The patient stated that he had shown the disease to surgeons, in various parts of the world, but had been advised to avoid an operation. Not coinciding with such reputed opinions, I thought it proper to operate as stated. To the gentlemen, whose assistance was as opportune as judicious, I would render my thanks, not omitting my gratitude to Him, without whose aid we can do nothing.

BENJ. H. WEST, M.D.

*Nantucket, Aug. 11th, 1845.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 20, 1845.

*Essay on Compound and Complicated Fractures.*—Messrs. Crocker & Brewster, of this city, have published Dr. Walker's Address before the Medical Society, making a text of 45 pages, followed by 56 pages of cases of compound and complicated fractures. Cases 1 to 23 are the foundation on which the discourse was founded. The publication is now before the medical community, and those who may wish more fully to understand the claims of the old surgeons, have the opportunity. Dr. Walker exhibits energy of character and power of discrimination in this essay, creditable to the professional reputation of New England. He neither underrates the skill of living operators, nor over-estimates the services of those who are dead. On the question of immediate or deferred amputation in cases of compound fracture, where it is decided the limb cannot be saved, Dr. W. unhesitatingly objects to the delay which has been recommended by some authors. A few extracts on this point are all that we can find room for this week.

“All the circumstances of a given case having been duly considered, and amputation deemed indispensable, this most important question presents itself:—shall such operation be performed immediately after the accident, or at some future time? Speaking on this subject, Mr. Bromfield, an eminent English surgeon of the last century, says: ‘As I would not mislead in the case of compound fractures, I therefore declare from experience, that when things are so circumstanced that the operation is unavoidable, the sooner it is done, the greater will be the chance of saving the person's life.’

“Again, Wiseman, a man of great ability in his profession, and who had seen much service, both in naval, army, and civil practice, says: ‘But it was counted a great shame to the surgeon, if that operation was left to be done the next day, when symptoms were upon the patient, and he spent with watchings, &c. Therefore you are to consider well the member, and if you have no probable hope of sanation, cut it off quickly, while the soldier is heated and in mettle. But if there be hopes of cure, proceed rationally to a right and methodical healing of such wounds.’”

“J. L. Petit speaks of the same advice being given him when a young man (1693), by a distinguished surgeon of his day, whom he consulted for a patient under his care.

“Ambrose Paré applies the same doctrine to the dilatation of gun-shot wounds: and Le Dran announces his judgment in the following words. ‘Whenever, in case of a gun-shot wound, the surgeon foresees the indispensable necessity of amputation, he should do it at once.’

“While such was the opinion of these distinguished men, the French Royal Academy of Surgery, in the year 1754, proposed the following question for a medal: ‘In what cases is it necessary to perform amputation immediately, and in what to defer it?’ The prize was awarded to M. Faure, a military surgeon, for an essay which maintained that amputation should only be performed after the subsidence of the first symptoms, and the establishment of suppuration.”

“Some time subsequently, John Hunter and O’Halloran, in England, embraced the same views.”

“When we remember that Hunter, in England, undoubtedly stood at the head of his profession, both in military and civil practice, that Faure enjoyed a high reputation from the great success which, he alleged, had crowned his efforts, that he was honored by the medal of the Academy, and still more by the approbation, countenance and friendship of the distinguished surgeons who constituted that learned body; when two such men, under such circumstances, unite in recommending one course of practice as safe and proper, and at the same time tell us, that whenever that course is deviated from, the most disastrous consequences ensue; we cannot be surprised that their doctrines should exercise great influence over the opinions and the practice of the civilized world. Such has been the case here; and I believe I may state, that the practice of deferring amputation, when made necessary by casualty, until after the subsidence of the first symptoms, was enjoined upon the military surgeons of Europe, and generally approved by distinguished men in the civil exercise of the art, from the days of Faure to the time when, in France, Baron Larrey, and in England, Dr. Hennen and Mr. Guthrie, established the fact upon the fullest evidence, that both Faure and Hunter were in error, and that where amputation is necessary in consequence of gun-shot wounds, and, I may add, of other casualties, such operation ought to be performed at once, or within twenty-four hours from the receipt of the injury; that when amputation is practised before the access of the consecutive symptoms, it may be done with but little comparative danger; that when it is done after the appearance of such symptoms, and before suppuration is fully established, fever allayed, and the system restored, as it were, from its influence, the danger is urgent, and the result usually disastrous; finally, that if delayed until after all these symptoms have given way, swelling subsided and suppuration

has been established, a better chance of recovery may exist; but still, this chance is much less than if the operation had been done immediately on the receipt of the injury."

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*Shampooing the Head.*—This is a new operation, which the barbers of Boston accomplish with peculiar adroitness and success. The mass of people, however, know nothing of the process, nor do they correctly understand the object in being shampooed; the art is, therefore, not properly estimated, nor the important advantages resulting from it appreciated.

A refined civilization has brought with it a train of physical evils, which it is the province of science to control or subdue. Our tight hats, warm rooms, closely fitting caps, silk night caps from which the perspirable matter cannot escape, by their combined agency, in connection with other influences not always easy to define, bring off the hair prematurely and turn it gray sooner than personal vanity is willing to exhibit such evidences of decay. And this is not all; the skin is actually in a low state of disease, the effects of which are recognized in the accumulation of dandriff—the desquamation of the epidermis. The bulbs of the hairs are inflamed, also, from the same cause, and from year to year the hair it degenerates and becomes thinner, not unfrequently ending in baldness. On all that part of the head which the hat does not cover, viz., the back side, between the ears, and on the temples, the hair generally remains to extreme old age, however much the vertex may be denuded. If females wore equally tight coverings, their hair would probably suffer very much in the same manner; but their light, airy bonnets admit of ventilation, and hence a bald-headed woman would be a phenomenon. Who ever saw a bald Indian? We have had an opportunity of seeing various tribes, in all the freedom of unrestrained savage life—but a sparse head of hair was never noticed. Atmospheric exposure conduces to the luxuriance of the hair and a healthful condition of the scalp. There is another cause of the falling off, or rather breaking off of the hair in combing and brushing, not the effect of disease at the root, but the destructive burrowing of a microscopic insect—a living, invisible moth, eating its way from one stalk to another, like the Hessian fly in a field of wheat.

Shampooing is a partial if not perfect remedy for two or three of the common misfortunes to which many are incident, of the character here enumerated. Besides, the very art, of itself, is refreshing, invigorating, and admirable in various respects, as in headache and neuralgic pains. We hope the custom of having the head shampooed will become as general as that of being shaved, for it equally is a part and parcel of cleanliness. Ladies would derive quite as much benefit from the turmoil the barbers raise in the hair with their odoriferous soaps and well-plied brushes, as the rougher specimens of humanity; and we hope to see those of them who exert an influence in society, giving the example of their own submission to the plastic hands of the new school of shampooers.

But before leaving the subject, it is essential that the barbers should be reminded that this operation might become a source of certain and largely increasing profit, by asking only a reasonable fee. A dollar is a frightful price, that would keep a whole city out of the best shop in Christendom. Why should they ask so much for doing a service not materially longer or more laborious than shaving? Only offer encouragement to the moving

masses in these crowded streets to enjoy a luxury, scarcely inferior to a bath, and really very important to the growth, firmness and healthful condition of the hair, and the whole craft would thrive beyond all former precedent.

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*Elementary Chemistry.*—This is an unpretending, but decidedly valuable treatise, on the elements of chemistry, theoretical and practical, by George Fownes, Lecturer on Chemistry at the School of Medicine in Middlesex Hospital, &c., with numerous illustrations—enlarged with notes by Robert Bridges, M.D., a professor in the Philadelphia College of Pharmacy. The work bears examination, and will be found, it is thought, capable of creating, or rather awakening, a new interest in the subject in those who give heed to its instructions. Chemistry lags sadly in most of the medical institutions of the country, and unless some positive effort is made to give it a higher position and a better rank, the practitioners of physic, a few years hence, will know even less than at present. It is useless for Dr. Webster, of Cambridge, or Dr. Draper, of New York, to prepare text-books, and exert themselves to elevate the science of chemistry, so long as there is so much indifference on the part of the faculties of medical institutions. Dr. Bridges has a perfect idea of what is needed, and the preparation of this excellent guide should have the countenance of all public instructors, and especially those of medical students.

The publishers are Messrs. Lea & Blanchard, Philadelphia, who never engage in any second-rate work. Copies may be found at Ticknor & Co.'s, Boston.

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*St. Louis Magnet.*—Whether the new periodical commenced at St. Louis, with the above name will powerfully attract gudgeons, remains to be ascertained. It is lamentable that any two men of ordinary capacity, like Messrs. McNair & Slafter, the editors, are willing to engage in such a cause as that of animal magnetism. But when they gravely discourse about the medical effects of that non-existing agent, and glorify the names of persons who would not bear a microscopic examination, much less a clairvoyant inspection by one of their own cheating subjects, it is necessary to watch their movements. For the first time we have ascertained the important fact that "Dr. Dodds's talents are so well known in the United States, that encomium from us [Messrs. McNair and Slafter] would be superfluous." Through this same Magnet, it is declared that the "*Columbian Magnetic College* is located, for the present, at No. 42 Billerica street, Boston." What an eligible place for a public institution! "It shall be the duty," it is stated, of the "Presidents and Professors"—Gilbert and Dodds being the first pair of presidents—"to grant diplomas to applicants, who, on examination, shall be found qualified, medically and physically, to become public lecturers on this science, and mesmeric physicians, so that the public may hereafter be guarded against imposition." Save us from such abominable hypocrisy as this, ye destinies! If the President Gilbert here referred to, is the Dr. Gilbert of our acquaintance, the sooner he gets out of such company the better it will be for his reputation. Low devices for pocketing money, based on the credulity of a portion of mankind, who pay largely for being genteelly duped, stick to one's reputation through life, with the tenacity of tar to a garment.

*Eighteen Cases of Intermittent Fever treated with Salacine in the Charity Hospital, New Orleans.*—The object of these observations is to ascertain the virtues of salacine, and to what extent it may be relied on as a substitute for quinine. In the vicissitudes of commerce and of governments it might happen that we should be cut off from the supply of this valuable medicine, which is entirely of foreign growth. It is, therefore, very desirable, if possible, to discover a substitute for it at home. By a communication which recently appeared in the Washington "*Union*," we are informed that the British Government are now endeavoring to acquire a monopoly of Peruvian bark. If they succeed, the price of quinine will probably be greatly increased. In view of this, we learn that the United States Army Medical Service has determined to make an extensive trial of salacine, the active principle of the willow bark. We have thought that the fine opportunities presented by this large Hospital should not be neglected in this investigation. Dr. Fenner has now tried the salacine in eighteen cases, but deems the number quite too small to justify a report. So far it appears greatly inferior to quinine. Its virtues are somewhat enhanced by combination with piperine. As the article has been very little used within the last few years, the quality may not be first rate. It is now dearer than quinine, on account of the larger doses required, but if it be found to answer as well in *any dose*, it can be made cheap, as the supply of willow bark in our country is inexhaustible. A report will be made at a future time.—*New Orleans Medical Journal*.

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*The Office of Coroner.*—Does it not seem strange, that the custom so generally prevails throughout the country, of appointing gentlemen to the office of coroner, who, although otherwise qualified, are not medical men? It seems to us, that, could the public duly appreciate the functions of the coroner, and how often the life of the criminal depends upon the investigations of that officer, as well as the due administration of justice, none other than the most thoroughly-educated and practical medical man would ever be selected to attend to its duties. On the contrary, we see the most interesting, intricate, and important questions, often involving character and life, wholly dependent upon the examinations, exertions and decision of men totally ignorant of everything connected with those questions. This great public evil has, for years, existed in our city, and calls loudly for the profession to awaken the public mind to a proper consideration of the subject.—*Missouri Med. Journal*.

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*Starving to Death.*—Mr. Headland detailed to the Medical Society of London, the particulars of a case in which a gentleman, 26 years of age, usually in good health, having complained of a "feverish cold," which, however, did not prevent him from following his usual employment, that of a solicitor, was advised to refrain from all kinds of support and live merely upon water. He acted on this advice, and for eleven days tasted no kind of food, with the exception of a teaspoonful of beef-tea on the tenth day. He sunk on the twelfth day, having for a few days before been affected with discharge of blood from the bowels. The day previous to death, Dr. Roots and Mr. Headland were called to see him, and found him emaciated in the last degree. There was no symptom whatever of fever; pulse 80; tongue clean. It was attempted to introduce nourishment very carefully, but the attempt failed, and the patient sunk.



He had complained during the last few days of extreme hunger and weakness. On examination after death, the only fat was found in the anterior mediastinum. The linea transversalis of the recti abdominis could be seen through the skin. The brain was remarkably hard, and gorged with blood; the upper lobes of the lungs contained quiescent tubercles; the intestines were shrivelled, and in part ulcerated; the gall-bladder distended, and the parts surrounding it tinged with its contents; the muscles were of a bright-red color. The case was considered important by the author, as illustrative of the morbid effects of starvation, for such he considered it to be. He attributed the *post-mortem* appearances to this cause. He referred to the contradictory statements of authors respecting the brain in cases of starvation; for whilst some had recorded this organ to be gorged, others had described it as full. The gall-bladder had been invariably found distended.—*London Lancet*.

*Dysentery*.—We have had within the last two weeks several cases of this disease. In the first case, there were constant characteristic discharges from the bowels, with considerable tenesmus. The attending fever was what is generally termed typhoid. Indeed the disease appeared to be typhoid fever (*dothien enterite*), with the addition of inflammation of the mucous membrane of the colon and rectum. Dr. Pope has recently examined *post-mortem* some quite similar cases, and reports disease of the glands of Peyer. One patient died under the ordinary anti-dysenteric treatment; that is, a few grains of calomel and Dover's powder, given according to the number of the dejections; astringents; blisters to the abdomen, and gum water. A *post-mortem* was not obtained, which is to be regretted.

In two similar cases a different course has been pursued. The abdomen has been blistered and gum water given, but not the calomel, opiates and astringents, except so far as the following preparation is opiate and astringent: R. Sulphat. quinia, gr. x.; acid. sulph. fort. dr. i.; tinct. opii., dr. jss.; aquæ puræ, oz.—M., a teaspoonful in a wineglass full or more of water as often as the bowels act.

This has been the only medicine given, and the patients on this morning, June 17, after having taken it during four days, are evidently convalescent.—*St. Louis Medical Journal*.

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MARRIED,—In this city, by Rev. Dr. Lowell, Francis A. Willard, M.D., to Miss Susan L. Delano, both of Boston.

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DIED,—At Chelmsford, night of 9th inst., in a fit of apoplexy, Dr. Paul Kirtledge. He had been in Lowell between 9 and 10 o'clock, and at 11 was a corpse.—In Kensington, N. H., 10 inst., Dr. Joseph Otis Osgood, a graduate of Harvard University, in the class of 1804, aged 63.—At Sunbury, Delaware Co., Ohio, August 1st, Edward Rowland, M.D., a native of Windsor, Ct.; he graduated at Amherst College, pursued his professional studies at New Haven, was afterwards employed as assistant physician in the McLean Asylum at Charlestown, Mass., and subsequently practised medicine at East Hartford, Ct., whence he removed to Ohio in 1840.

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Number of deaths in Boston, for the week ending Aug. 16, 62.—Males, 37; Females, 25, Stillborn, 2. Of consumption, 9—disease of the bowels, 13—cholera morbus, 3—inflammation of the bowels, 2—typhus fever, 3—inflammation of the lungs, 1—dropsy on the brain, 2—infantile, 6—dysentery, 1—disease of the liver, 1—cholera infantum, 8—teething, 2—abscess, 1—diarrhœa, 1—dropsy, 1—lung fever, 1—mortification, 1—croup, 1—marasmus, 1—smallpox, 1—old age, 1—apoplexy, 1—accidental, 1.

Under 5 years, 33—between 5 and 20 years, 6—between 20 and 60 years, 16—over 60 years, 2.



*Case of Extensive Inflammation of the synovial membrane of the Knee-joint terminating in suppuration, without inducing ulceration of either the hard or soft textures of the Joint.* By SAMUEL TYLER, M.D.—I was called on the 29th of October, 1844, to visit a patient 15 years of age, laboring, as it was then supposed, under a scrofulous affection of the knee-joint. Upon inquiry into the history of the case, I learned that some six months previous the patient had given the limb a severe twist, whilst running over rutty, uneven ground. Finding the joint excessively swollen, the leg so contracted as to render it almost impossible to place the foot upon the ground by force, I proceeded to treat the case in the following manner. Commencing with the application of a blister which surrounded the joint, which was afterwards kept discharging by the use of warm poultices, I gave on each alternate day the favorite purgative of Dr. Physick, jalap and cream of tartar, in doses sufficient to procure free evacuations.

Under this treatment the general system improved somewhat, but the joint continued to swell, when on the 16th of November I made a free incision upon the inner side of the joint, evacuating at least one quart of pus. A continual discharge was kept up from this opening until the 29th of December, when I made use of "Chase's apparatus" to overcome the contraction of the limb, which was perfectly effected in less than three weeks' time, leaving the patient with a limb perfectly straight, and entire mobility of the joint.

I consider the great peculiarity of this case to consist in the fact, that where there should be so excessive and long continued inflammation of the synovial membrane, it should terminate without inducing ulceration of either of the soft or hard textures of the joint.—*American Journal of Med. Science.*

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*Phthisis, Influence of Employment on.*—From an elaborate and valuable paper by Dr. Guy on the influence of employment in the production of phthisis, the most important conclusions to be drawn are: that the ratio of cases of pulmonary phthisis to those of all other diseases is highest, both in the male and female sex, among those following in-door employments, and in the case of men, varies inversely with the amount of exertion, being highest where there is least exertion. Neither a constrained posture, nor exposure to a high temperature, nor a moist atmosphere, appears to have any marked influence in inducing consumption. The ratio of pulmonary phthisis to all other diseases is highest among men exposed to the inhalation of dust, and high among the intemperate. The age at which the disease occurs is early in proportion as the occupation is such as to present a high ratio of cases. The practical inference deducible from these observations is, that the predisposed to phthisis should choose out-door occupations, and among in-door employments, those entailing most exercise, and that they of all others should avoid intemperance and the inhalation of dust. Dr. Jackson (*New England Quarterly Journal of Medicine and Surgery*, July, 1842), however, in his analysis of 604 dissections of persons dying of all diseases, in the course of ten years, in Boston (U.S.), says that intemperance certainly does not appear to develop phthisis, and that of 35 drunkards, 26 presented no trace of tubercle.—J. R. BENNETT, in *British and For. Med. Review*.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## DR. COALE'S PRIZE DISSERTATION ON FRACTURES.

[Continued from page 57.]

THE remaining species of apparatus for fractured thigh, of which we have still to give the history, are both characterized by an attempt to encase the limb in a firm and unyielding covering, which shall maintain its influence unaltered by those circumstances which usually affect and impair other arrangements of bandages and splints.

The first of these is the "immovable apparatus," a name which brings a blush to the cheek of every man of true professional pride when he looks back to its history, and remembers the unphilosophical rage for its use so lately prevalent, and sees its present undeserved neglect. Nine years have elapsed since Seutin fully and methodically developed his plan. After that came about four years of wonderful cures; then for three years the journals teemed with cases of sphacelation—whole limbs dropping off from the use of the immovable apparatus. For the last two years it has scarcely been mentioned, and the surgeon of one of our large Southern hospitals lately told me that they rather prided themselves that tenotomy had never been performed or Seutin's apparatus applied in the institution to which he was attached.

By mere accident, whilst looking through an old volume entitled *Medical and Surgical Observations*, published in London in 1792, we came across a case related by Mr. Henry Yates Carter, in which he smeared an eighteen-tailed bandage with the white of an egg in treating a compound fracture of the leg. This seems to be the first immovable apparatus on record; but here it dropped until Larrey next took up the idea, which Seutin improved upon, until in 1836 the latter arrived at "*the immovable apparatus*."

Between the methods of Larrey and Seutin the differences are not great, and may be easily characterized. Larrey used a mixture of camphorated spirit, saturnine lotion and the white of an egg, for his "liquid agglutinative." Seutin uses starch, for which some of the more nice substitute dextrine. Larrey used the agglutinative liquid rather as an adjunct to a system of splints and bandages; whilst with Seutin's dressing, as with Beau Brummel's cravat, "starch is the man." Larrey used straw for splints and junk bags; Seutin pasteboard, and linen compresses. Both have the same object—to encase the limb in a stiff unyielding cover, but they differ in their estimate of the propriety and influence of this. Larrey praises the economy of time and material in

this dressing, and the *peculiar* facility it offers for transporting the patient ; advantages much esteemed by an old "*militaire*." Where an external wound exists, so far from its being a contra-indication to its use, it rather recommends it, "for the effused pus will solidify the bandage"! "It soaks into the dressings, and when hard exerts a favorable pressure upon the wound, stopping the secretion, and also arresting the irritation caused by the swelling of the periosteum." But we must say we do not understand these views.

Seutin is much more discriminating, and in the Dublin Journal of Medical Science for November, 1842, will be found a very interesting account of his remarks during a visit to Stevens's Hospital of that city. He complains of being much misunderstood as to his estimate of the efficacy of the immovable apparatus—and that there is generally a great want of care in applying it—omitting the use of compresses and other protections against chafing, as fully necessary with it as with other bandages and splints. He thus advises how to apply it. "First apply a calico roller, moderately firm but without starch. After it is applied smear its outer surface with starch, and place pledgets of lint where pressure is to be avoided. If necessary, splints are to be arranged before another layer is put on, and this being done, they are to be surrounded with two or three other layers thoroughly starched. If a suppurating wound exists, it must be kept uncovered. Compression ought to stop at a gentle methodical pressure sufficient to moderate the afflux of blood, but not to stop it, as has been supposed by many, who thought in this way to prevent inflammation. Care should be taken not to starch the folds over joints or bony prominences, for fear of excoriation." Pasteboard, a line and a half in thickness, is the material preferred by Sentin for splints. After the affair is perfectly dry, it is to be slit down its whole length in front, and it can then be opened and the limb inspected, while its own elasticity or a few tapes will keep it closed. Seutin invented a particular kind of stiff-bladed shears for slitting these bandages, but we have used with all convenience a grooved director, upon which we cut with a common large-bladed penknife—preferring that blade called the "*Wharncliffe*," which has a thick, strong back ; and the old-fashioned director, which has a handle at right angles to the groove.

We have thus given a sufficient insight into the nature and properties of the "immovable apparatus," as before, avoiding all unnecessary detail, and at the same time not omitting whatever would elucidate the principles involved.

The other apparatus having the same end as the last—the encasing of the limb in a firm and unyielding covering—is the plaster splint. This idea of using some quickly concretible substance originated among the Arabs of North Africa, and was first transmitted (we believe) to Europe by the English Consul at Bassora. It was soon adopted by several European surgeons, amongst whom Dieffenbach may be named. Many experiments have been made to find the substance most proper, and generally plaster of Paris has been adopted. This is mixed with water to

the consistence of cream and *paid* over the limb—first thinly, and then adding to the thickness sufficiently to ensure strength, but not enough to unduly increase the weight of the covering. The precautions to be observed in its application are—when there are external wounds they are to be left uncovered; extension must be made very carefully during the application and until the plaster has *set*; it must only be applied when the swelling has subsided; and lastly, the finest plaster should be used, as that is the lightest and strongest.

In conclusion, we have but to add a notice of a suggestion lately made, not involving principles but merely material. Mr. Shee advises making tablets, by evenly spreading a hot mixture of whiting and glue to the thickness of from an eighth to three sixteenths of an inch upon linen cloth, and covering it with another cloth. This when cold is hard, but may be softened by passing a wet sponge over it, and in that condition it is to be applied to the limb. We have tried this carefully, and find that it does not adapt itself readily, and is weak and heavy compared with its bulk.

#### THE TREATMENT OF FRACTURES OF THE THIGH.

*Preliminary Treatment.*—We will assume that an injury has been received. If we are on the spot we may be called upon to superintend the removal of the patient to a house. This requires some care and attention.

For transporting patients there have been many machines devised, and if one were kept at each corner of the street we would probably send for it. As it is, we should have to look around for what would answer best of things at hand. Of these there are many from which our choice would be much affected by the individual article—sofas, couches, small bedsteads, hand barrows, doors, window shutters and large arm chairs. If the body of the femur is broken, the patient must be extended; if the neck, a large arm chair *with a deep seat* will serve us. Whatever he is placed upon should be well protected (if not already so) by mattresses, and the limb itself carefully supported by pillows, or old garments, or by straw, grass or leaves, if the accident has happened in the fields. If a chair is used, lash to the seat two poles passing under it, which will enable two persons to carry it with great convenience and steadiness, whilst a third walks by the chair to assist and comfort the patient. In the mean time let him alone as regards his clothing. Do not strip him to pry unnecessarily into the nature of the injury, for nothing can be done to benefit him until he is under more favorable circumstances.

Suppose him now within doors. We want as large, comfortable and cheerful a room as we can obtain for him. There is none below. How can we get him up stairs? He would slip off of the door or couch at the inclination they would have to be carried at, and they might not be able to pass the turns in the staircase. In this case let a person stand each side of the patient, facing him. The one on his right side puts his right arm around the patient's chest; the one on his left side his left arm, whilst the patient places his hands upon the outer shoulders of his sup-

porters, who thus each have one arm unoccupied with which they can hold the rail or otherwise assist themselves. Another assistant supports the pelvis (*not the thigh*), and a fourth takes charge of the lower limbs. Thus the weight of the patient is well divided; he is not in a constrained position or liable to jolts or jars.

If the staircase is narrow and assistants have not room each side of the patient, either place him directly upon the back of a very strong man who must creep up on "all fours," keeping his back very straight whilst another supports the lower limbs and steadies the patient, or he must clasp one around the neck, whilst a second supports the hip and a third the legs. It may be called an absurd supererogation that we should thus particularize, but we have seen as much pain caused and as much injury done to the patient in his progress from the front door to the chamber, as by the original accident.

In the mean time, whilst others are slowly removing him, we must prepare for his coming, so that no unnecessary delay may take place when he has arrived. Preparations should be made for obtaining a proper temperature in the room. The bedstead upon which he is to be placed should be tolerably wide. Not so wide as to prevent reaching to the middle from either side when we wish to attend to the dressings—nor so narrow as to prevent the patient changing the position of the other limb or putting it into a cool place. No one who has had the sad experience of being confined upon his back during the month of August would value lightly the last privilege.

He should lie upon a mattress—the newer and freer from hard spots and depressions, the better. Upon this a sheet is to be laid, over which a warming pan or bottle or pan of hot water must be frequently passed before putting the patient upon it. Make up the bed then as usual, with the necessary amount of clothing, and having done so, begin at the side upon which the patient is to lie (he must lie with the injured limb nearest the edge of the bed), and roll up evenly and in a long roll from the head to the foot of the bed all the clothing except the under sheet, leaving it thus rolled up at the distant side of the bed, so that when the patient is properly adjusted it can readily be unrolled again and brought over him.

We feel it here necessary to again apologize for our particularity, but we have seen a patient scarce recovered from the collapse into which the injury had thrown him, placed upon a cold bed, in a chilly room, and then fanned by the flirting of a large sheet "*a la chambermaid*," and of two blankets and a coverlet, each in turn sending a fresh chill through his already shivering limbs, whilst a surgeon stood by to whose *surgical* erudition and skill it would be but our duty to bow most submissively, but who had forgotten the first aphorism of Hippocrates and his charge about "*tà évöthen*."

Lastly, whilst putting the patient to bed, that is between the chamber door and the bedstead, his clothing should be taken off. He could not spare it sooner, and we do not wish it to soil the bed. About this we shall only say that undressing in fractures of the thigh, if care is taken,

may be done without pain to the patient and without ripping or tearing a single article of dress; even the boots of the injured limb may be drawn off if an assistant will first grasp the leg firmly just below the knee.

### Mechanical Treatment.

*Fractures of the Upper Extremity of the Femur.*—If the body of the femur is broken our diagnosis is easily made, but if the injury has been received at either end we may have some doubts as to its precise nature. We do not feel called upon to enter into a disquisition upon diagnosis, but as the means sometimes used to obtain information may affect our mode of treatment and the result to the patient, we wish to say a few words upon this point. The injuries with which intercapsular fractures of the neck of the femur may be confounded, are severe contusions, dislocations and fractures of the edge of the cotyloid cavity. Besides several others, *the most marked* diagnostic signs are, po-

FIG. 1.

sition of the limb, shortening, crepitus, and those furnished by rotation. It is now well established that the toe may be turned in.

This Paré first mentions, and Sabatier tries to explain away his meaning, but Petit (J. L.) also mentions it; and to remove all doubt, in forty-two cases of this injury reported by Robert Wm. Smith in the Dublin Journal for Sept., 1840, it existed in two. Nor does it seem unreasonable. Let the line A B (fig. 1) re-

FIG. 2.

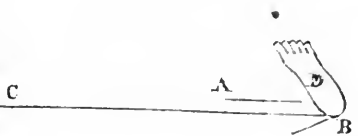
present the neck of the femur as we look down upon it perpendicularly from above. A the head, B the trochanter, C B the direction of the traction of the glutei and other *evertors* of the toes, D the foot. If A B is broken, B will

be approximated to C by the traction of the muscles as in fig. 2, but the same violence that produces the fracture may throw the broken end *behind* the line of traction, and then the approximation of B to C will invert the toe as in fig. 3.

FIG. 3.

The shortening sometimes does not exist, and when it does it may be the symptom of an injury comparatively little known—fracture of the edge of the cotyloid cavity. Crepitus is generally present, though Boyer says he never could produce it; but it will also exist with the last-mentioned injury. Our most unequivocal sign is that furnished by placing one hand on the trochanter and rotating the limb. If the whole length of the neck is still the radius upon which the trochanter revolves, it will of course pass through the arc of a larger circle than if it is broken and but a part of it forms that radius. But even this requires tact, for in fracture of the cotyloid cavity the trochanter is not prominent, and may *appear* not to revolve through so large a circle as it ought.

But, as we have just said, it is not our province to enter into the question of diagnosis, we only wish to insist upon the point that the surgeon





is not to extend and let go the limb—to raise it and lower it, or rotate it, except very gently, for these motions would give no wholly unequivocal sign, but might do such mischief as would greatly lessen our chance of making a good cure—and for the following reasons:—

If but few of the fibres of the capsular ligament are torn, the remaining part of the neck and of course the limb is held in its place against the action of the powerful muscles drawing it up. But if the violence has already ruptured the whole ligament, or if after its having ruptured part we subject the limb to such motion as will rupture the remaining fibres, we do an irreparable mischief, giving our patient a limb three or four inches shorter than the other, instead of only an inch or an inch and a half.

Having ascertained that it is an intercapsular fracture of the neck of the femur, what treatment should we adopt? First let us see what we can reasonably expect to accomplish.

The question which has engaged in controversy the greatest of our profession, as to whether a bony union ever takes place, has been decided in the affirmative. It has been proved beyond question that a very small proportion of cases (a proportion which as yet, from the small number of cases recorded, cannot be accurately determined) thus unite. Shall we then attempt to produce a cure, or only assist nature in palliating the condition of the patient, for each aim will require a different treatment? In the former case our measures will be much more rigid and irksome than in the latter, and considering the age of the patients generally subject to this lesion, how much we should subject them to becomes a question of importance. We will answer these questions dogmatically thus.

If the patient is old—over 60—it is true you may produce a bony union,\* but the chance is so small that it is unjustifiable to resort to the means necessary to effect it. If he is over 45 but under 60, you must carefully exercise your judgment as to his general health and powers of endurance. If he is younger than 45, and no confirmed diathesis† forbids, try by all means to obtain a bony union.

Where bony union is not attempted, the treatment advised by Sir Astley Cooper is decidedly the best. One pillow is placed under the whole length of the limb, and another, sufficient to flex the knee to an agreeable degree, is put under that joint crosswise. When all inflammatory symptoms have subsided, let the patient be transferred during the day time to a lounge chair—one with the back at a great inclination, in order not to flex the thigh too much upon the pelvis. When all tenderness is gone, let the patient have crutches and take as much exercise as is comfortable. At the end of about two months a cane can be substituted for crutches. Where the limb is much shortened, the shoe worn upon the foot of that side must have a thicker sole than the other.

If we decide to make an effort for bony union, Desault's splint as modified by Dr. Flagg is to be used, with the addition of a bandage

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\* One case is given in which the patient was 69 years old.

† Cancerous, for instance.



around the thigh and pelvis over (not above) the trochanter. This bandage should be made of one thickness of strong linen, three inches wide and lacing with eyelet holes in front. A duplicate should be provided to replace it whilst being washed, when soiled by the excrements.

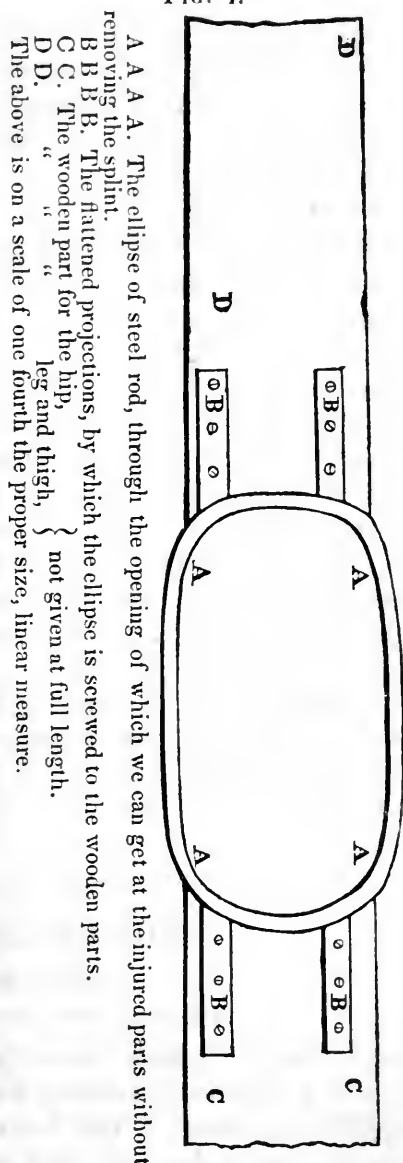
We prefer the straight extension to that of the inclined plane of Sir Astley Cooper, because it is in more direct antagonism to the force we contend with. It is true that the inclined plane somewhat relaxes the psoas, iliacus internus, and the muscles on the anterior face of the thigh, but it leaves the glutei, gemelli and obturators unprovided for, and these it must be recollected are very strong, and, when the limb is flexed, act to great advantage—fully enough so to counteract the partial weight of the hips which would then be the only counter-

extending force. As, however, the extended position is very irksome, as soon as we can safely do it—say in twenty days—we would replace the splints first used, by those of Dr. Rowe or some after that type (selecting, as common sense would dictate, the simplest and lightest), but still keep the patient in bed and suspend the limb. At the end of six weeks, passive motion must be given to the joint, and in two more the patient may sit up in a chair with the limb still suspended, or may walk with crutches, letting the limb hang, but not bearing upon it. In ten weeks, exercise may be very carefully and gradually commenced. The periods we mention may seem long, but the low condition of vitality of the part requires a greater length of time for reparation, and in this particular accident we would rather err on the side of confining our patient too long, than subject him to any risk of repeating the injury and making its consequences irremediable.

In extra-capsular fractures of the neck, we must in all cases attempt to obtain bony union; and with this view, as the conditions affecting our choice of splints are the same as in the last, our treatment would be the same, shortening the periods mentioned one fifth.

In fractures of the neck complicated with fracture of the trochanter, or with the impaction of the superior fragment, we have a very much graver injury than in the two last. Violence causing either of these

FIG. 4.



conditions would of course produce great local trouble, and for this we must provide in our treatment.

We would still adhere to Desault's modified splint, with this additional modification. During the first four days, whilst for evident reasons it would be unadvisable to apply any splint, let a blacksmith make out of a 1-4 inch steel rod an ellipse 7 inches long and 4 broad, having two two projections at each end about 4 inches long and  $2\frac{1}{2}$  apart (fig. 4). These projections must be flattened and perforated with holes to receive the screws that are to fasten the ellipse to the wooden part of the splint. The object of this ellipse is to occupy the place of that part of the wooden splint which would lie against the trochanter and neighboring injured soft parts. To the upper and lower end of it are to be attached by the projections, enough wood of the usual thickness and width to eke out the proper length of the splint. We can thus, without removing the splint, get readily to the injured part what leeches, fomentations, &c., may be necessary. As a precaution against the metal bearing in the slightest against the soft parts, the ellipse may be curved upon itself in the direction

FIG. 5.



Same reference as in the last figure.

the wooden splints where they join it must be well protected by compresses. As in the previous cases, as soon as is admissible (a period for which, in an injury like this, there can be no general rule), this extension apparatus must be replaced by a demi-flexed suspended splint.

The diagnosis of fractures of the trochanter is difficult, and they are equally difficult to treat. The fragment we have to act upon is very small, and imbedded in a mass of muscle further increased by tumefaction. No definite rules are given by writers for treatment of this injury, and our own experience tells us nothing. The evident course is to bring down the trochanter, drawn upwards and backwards, as far as possible, and confine it by a proper distribution of compresses and rollers. No case is recorded where a perfect cure was effected, though the efficiency of limbs subjected to this injury does not seem to have been greatly lessened.

[To be continued.]

## MERCURY AS A REMEDIAL AGENT.

By Daniel Holt, M.D., New Haven, Ct.

[Communicated for the Boston Medical and Surgical Journal.]

THE remarks which were made in regard to arsenic, in a late No. of this Journal; will to some extent apply to mercury, and are perhaps equally important, as this is an article in almost universal use by the profession, and at the same time is one which is liable to abuse, and against which there has ever existed a prejudice both in and out of the profession. Every powerful agent, capable of doing much good when properly

used, is equally liable to do immense injury when inordinately administered, or in cases to which it is not appropriate. Still this is not a sufficient reason for its condemnation; but should rather excite the conscientious and enlightened physician, better to discriminate in its application to disease. The various preparations of mercury are so different in their effects upon the system, that they might in general be considered as entirely different articles, each appropriate to certain morbid conditions of the system: but there is one prominent and important effect, and the one for which mercury is most valued, which may be obtained from several of them, although calomel and the mass hydrarg. have been more commonly employed for this purpose. This is its alterative, deobstruent, or peculiar *specific effect*, and by virtue of which, a great variety of diseases, both acute and chronic, speedily yield to its influence. Now this effect, so desirable, so efficient for the removal of disease, and so harmless when we can *just hit the mark*, as it were, will be acknowledged by every one to be often difficult to obtain at all, and will be sometimes accompanied with unpleasant, alarming, and even fatal effects. Wood and Bache, in the United States Dispensary, say, "it is given far too empirically." We say so too, or rather it is given far too indiscriminately, without the particular conditions of the system, and the peculiarities of the disease, being sufficiently taken into the account. It is a convenient remedy, and easy of administration, and there are few diseases in which it is not recommended, or to which it may not be appropriate in some stage; and hence, perhaps, from too little discrimination in its use, it has become too common in the ordinary routine of practice.

There are many morbid conditions which have long been acknowledged by the profession as resulting from a too free use of this article, or from its use in diseases or conditions of the system in which it is not appropriate—effects which are very unfortunate for the reputation of the remedy, and which it is certainly desirable to avoid. Among these unhappy results, may be mentioned mercurial erythema, rheumatism, ulcerations in various parts, and gangrene, especially about the face and mouth, several cases of which have recently been reported in this Journal, and pretty well substantiated as the effects of this article. It is an important inquiry whether these effects are owing to the use of an impure preparation, or whether the remedy is given in inordinate quantities, or in a condition of the system not appropriate. The former may sometimes be the case, though I apprehend not ordinarily. I think it is sometimes owing to the administration of an excessive quantity; but more commonly to its use in a condition of the system where it is not beneficial, where perhaps the system is more susceptible to its injurious effects, even than in health; and not being appropriate to the diseased condition, it becomes a poison to the sensible organs. There is another effect more common, and which should be viewed differently from the above; I refer to ultimate salivation. This effect is not properly an unnatural action of the remedy, but one which is often carried to such an extent as to be very inconvenient and often injurious; it is an advanced stage of its specific effect, and holds, I think, something like the same

relation to it, that ultimate narcosis does to the anodyne effect of opium, or other narcotics ; and although it often banishes a disease from the system at once, its own effects are as much to be dreaded. Like a too powerful combatant, it not only vanquishes its foe, but destroys also his habitation. The peculiar and specific action of the remedy is generally believed to be sufficient to affect the disease in appropriate cases, without ultimate salivation, and perhaps all the good might be experienced were we to stop just at the point where the symptoms of the mercurial influence begin to be manifested. When a severe salivation has resulted from an ordinary cathartic, or a few small doses of mercury, as is often the case, we are apt to conclude there is too great susceptibility, that it is not the appropriate remedy, and should not have been used. This may sometimes be the case ; still oftener, probably, these are the cases which are peculiarly susceptible to its action, and the medicine has been carried too far, or administered too freely. We are certainly deficient, in not having better defined land-marks, to guide us in our therapeutic application of so important an agent, so as to enable us to obtain the happiest results, and at the same time avoid unpleasant consequences.

It is well known that calomel is recommended both for its cathartic and alterative effects, in a great variety of diseases, both acute and chronic, and in unlike conditions of the system ; especially is this the case in diseases of an atonic character, and in inflammatory affections. It is an almost universal remedy in the cure of inflammation ; yet it may be given in small doses, or even large, and retained in the system, and thus continued for a long time, in acute diseases of a purely entonic character, without reducing that entony, or producing any symptoms of salivation. Indeed it is very doubtful whether its specific effect can be produced in this condition ; and were we to depend entirely on this article in such cases, we should be disappointed in it. But if by other means the high excitement is reduced to a certain point, we shall get the specific effect of the mercury, and sometimes just at a time that might lead us to suppose that the mercurial symptoms were the cause of the reduced action, but really in consequence of it. It is also difficult to obtain its specific effects in diseases of pure atony or debility ; and hence in such cases it is not an appropriate remedy. Indeed in diseases either decidedly entonic or atonic, where there is little disturbance of the glandular system, and consequently of the secretions, mercury has more reputation than it deserves ; here, in some constitutions, it is liable to produce some of its unnatural effects. It is in another grade of action that it is peculiarly appropriate—a grade of action between that of entony and atony ; it is that state of the system which ordinarily attends the bilious type of febrile and inflammatory diseases, with a general derangement of the secernent and absorbent system, with morbid secretions from the mucous surfaces and chilopoietic viscera, with a yellow tinge on the surface, and with a pulse which does not feel as though the blood were all fibrine, as the French pathologists would say. This is the grade of action and condition of the system, in acute disease, likely to be susceptible to the speedy specific effects of mercury, and where it is most appro-

priate. It is thus an admirable expectorant in pneumonia, a speedy febrifuge in bilious remittent or continued fever, a good alterative in visceral derangements; it arrests the morbid and vitiated secretions in diarrhœa, dysentery, cholera, &c.; in short, when strictly appropriate, it answers a variety of indications, by changing the action of the system, and restoring the natural functions, without any other sensible effect than a cessation of the morbid and restoration of the healthy functions; and when so administered, it is one of the most valuable articles in the *materia medica*.

In chronic diseases which are cured by its alterative effects, the same rule, to a certain extent, will apply, and the same susceptibility to its action is sometimes witnessed. We have seen a most distressing case of salivation follow the use of two blue pills, and frequently from an ordinary mercurial cathartic. In these cases we should use great caution. It is unquestionably the case that much prejudice has arisen from a wholesale and injudicious use of this article, and we are still not well instructed as to its application in every case. We have much yet to learn, respecting the application of our most efficient remedial agents, to meet the different and varying morbid conditions in disease, and to cure in the most effectual manner.

If it is true that injurious and fatal effects, as asserted, have resulted from the too free and indiscriminate use of this article, it certainly is a great misfortune; it will of course be seized upon by quacks, who denounce everything, the worth of which they cannot appreciate. It belongs to the members of a liberal and enlightened profession either to point out a more effectual and safe mode of application of powerful agents, or to bring science to our aid in preparing and substituting those agents which will be as effectual to cure without the attending evils.

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#### ADHESION OF THE EYELID—OPERATION.

[Communicated for the Boston Medical and Surgical Journal.]

NATHANIEL MAYO, a healthy, robust farmer, aged about 40, was at work boiling down the lye of common wood ashes to a substance called "black salts" (which, when subjected to a great degree of heat, and melted, on cooling becomes common potash). The salts became encrusted on the kettle in which he was boiling it, and which were very hot. With a kind of chisel he was removing them from the kettle, when a piece of the hot salts was forcibly driven into his right eye. It caused excruciating pain. He ran instantly to a brook and washed his eye for some time. It felt better, when he tied a handkerchief around it, and went to work. About a week after, on examining it, the lower lid was found adhering through its whole extent to the globe of the eye. After suffering the pain and inconvenience for about a year, he sought relief, and I performed the operation in the following manner. He was placed in a good light, his head resting firmly on the back of a high chair. An assistant standing behind him, placed a finger in each corner of the eye, and

kept it still. With a sharp-pointed scalpel the lid was divided from the globe, the assistant separating them as divided. The edge of the knife was kept towards the lid, which was dissected clean until it was wholly separated from the globe. There was then on the globe a loose, cellular, fleshy substance, which was removed by taking hold of it with a pair of small forceps and cutting it off with the knife, until all that could be raised with the forceps was removed—leaving a part of the globe still covered by a red fleshy substance, which was very vascular, bleeding quite freely. The scalpel was then *drawn across its edge*, touching the fleshy substance lightly, and this was repeated until the whole was *scraped off*, leaving the globe of the eye perfectly natural in its appearance.

In the case of adhesion of the lid to the globe of the eye, I have seen the operation performed by simply dividing the lid from the globe—but it wholly failed, the divided parts again uniting. I was therefore very careful to *remove or destroy* all the former bond of union. I then, with a blunt probe, passed a piece of very fine linen, dipped in a weak solution of sac. sat., between the divided globe and eyelid, bound up the eye so as to prevent any motion of it, and directed an antiphlogistic course. The linen was kept in the eye one day, and in about ten days the cure was complete, without any further trouble.

E. S. PHELPS.

*Middleton, Mass., August, 1845.*

#### NEW INSTRUMENT FOR CONGENITAL FISSURE OF THE SOFT PALATE.

By C. H. Stearns, Esq., Surgeon.

A NEAR relation of the writer of this communication had twice undergone the operation of staphyloraphy, and had also submitted himself several times to the hands of dentists, who professed to be able to close up the fissure by the adaptation of mechanical contrivances. These measures not being attended with the slightest benefit, the writer was induced himself to attempt something for his relief; and at length conceived the plan of an instrument, which, from its proposed shape, position, and mobility, seemed likely to perform, to some extent at least, the functions of the natural *velum palati*, or soft palate. After a length of time, a piece of mechanism was produced, the application of which has been attended with satisfactory results. As it is probable that something of the kind may prove equally useful in other cases, a brief description of the affair is here offered.

A gold plate is first fitted to the roof of the mouth, in the manner practised by dentists, which is to serve as the foundation or support of the mechanism intended to supply the want of the natural soft palate. To the upper and posterior margin of this plate, a flat spiral spring is attached, which, with the delicate and permanent elasticity peculiar to that kind of spring, admits of easy and constant vibrations backwards and forwards. To the other and posterior extremity of this spring, an artificial *flexible velum* is attached. This part of the instrument is constructed of Mr. Goodyear's preparation of caoutchouc, which, having the



property to resist the action of both oils and acids, and at the same time sustaining a high degree of heat, has proved well adapted to the purpose. In attempting to describe the artificial velum, we must, for want of better terms at present, designate its principal parts as its *body* and *wings*. The body of the velum consists of a lamina of the caoutchouc, of a somewhat triangular form, and of the same size and shape as the vacant space it is intended to occupy, that being the plane which would be indicated by imaginary lines connecting the opposite sides or columns, and subtending the vertical angle of the fissure, at which point the velum is connected to the posterior extremity of the spiral spring. This lamina, constituting the body of the velum, is divided into three pieces, which overlap each other. The wings project obliquely forwards and outwards from each lateral margin of the body, and being made to conform to the shape of the columns or sides of the fissure, are seen to rest upon their inner and anterior surfaces, thus covering a portion of the soft parts which constitute the boundaries of the posterior fauces. In like manner, along each lateral margin of the body, there is (in mechanical phrase) a flange, projecting obliquely backwards and outwards, and extending along down the posterior surface of the column, it terminates at the inferior angle of the velum. In this way the wing and the flange, on the same side, together form a groove fitted to receive the fleshy sides of the fissure. As the preparation of caoutchouc made use of presents a smooth surface, and yields readily to the slightest pressure, it is found to permit the contact and muscular motion of the surrounding soft parts, without causing any irritation. When, therefore, the sides of the fissure tend to approximate, as in deglutition, gargling the throat, or the utterance of some of the short vowel sounds, the three parts of the body of the velum slide readily by each other, thus diminishing the extent of the exposed surface, and thereby imitating, to some extent, muscular contractile action, the force being derived from without, and not, of course, contained within the instrument. During the effort made in speaking, the surrounding muscular parts embrace and close upon the artificial velum, and press it back against the concave surface of the pharynx. The passage to the nares being therefore temporarily closed, the occlusion of sound is accomplished, and articulation made attainable, as the voice or sound, as it issues from the glottis, is thereby directed into the cavity of the fauces, and confined there long enough to receive the impressions made upon it by the tongue, lips, &c., in the formation of the consonant letters.

The foregoing description may not be thought sufficiently specific ; but some considerations preclude, at the present time, a more detailed account, which, to be intelligible, would require the aid of figures to illustrate the mechanism of the instrument. Even that might fail to satisfy one much interested in the subject, without an opportunity being offered of witnessing actual results derived from its application.

Though the instrument, after having been adapted in the way above described, was found materially to improve the speech, yet it was still considered defective, and not admitting of general application, until other important requisites had also been attained ; for it was also necessary to



make it so yielding as not to irritate the sensitive and restless parts with which it must come in contact ; so that it might at all times be retained in place without inconvenience, while eating, drinking, or during sleep. At the same time, it was required to possess a degree of strength and firmness sufficient to sustain the force of any sudden shock, as in coughing, sneezing, or laughing, without the risk of being displaced, or in any way deranged. Durability of the substance composing the velum was also regarded as a point of the first importance to ensure its usefulness. The material made use of, as prepared by Mr. Goodyear, and managed according to his instructions, was found (after some practice in the manipulation necessary to bring it to the shape required) to resist the combined action of all the decomposing agents to which it must become subjected—viz., motion, animal heat, the moisture and acids of the mouth, and the oils of the food. The means afterwards devised to keep it in order, freeing it from deposits, and thus preventing fœtor, consist in the occasional use of some alkaline or aromatic preparation.

We would now willingly add some account of the elocutionary practice and discipline resorted to in order to obtain the full benefit of the instrument after its adaptation ; but this may well be deferred to a future paper, more space having already been occupied, than was at first intended—the purpose of this communication is indeed merely to announce what had thus far been accomplished.—*London Lancet.*

#### ON A SOURCE OF ERROR IN SUPPOSED INFANTICIDE.

By James A. Sewell, M.D., Quebec.

THE following case is, I conceive, interesting in a medico-legal point of view, particularly when taken in connection with the coroner's inquest lately held at Isleworth, Eng., on the body of Ann Pendry's child, the particulars of which are reported and ably commented upon by Wm. Ryan, M.R.C.S.E., in the *Lancet* for June 21st, 1845. I may merely here mention, for the benefit of those who have not seen the report, that the above-named Ann Pendry was delivered of a child in a privy, that the child was shortly after found dead at the bottom of the privy, and that a verdict of wilful murder was returned by the coroner's jury against the unfortunate mother.

CASE.—Mrs. B., ætat. 30, married, and pregnant with her first child, was seized during the night of the 20th inst. with labor pains. Being a refugee from the late fire, she occupied part of a garret in which two or three other families and some young men were sleeping. Feeling a natural delicacy, at being confined under such circumstances, she suppressed her cries until daylight, when she descended into a lower apartment, in which resided a woman who had been recently confined by me, to whom she detailed her feelings, requesting, at the same time, that some warm water might be given her to "sit over," to relieve what she described as a great pressure at the lower part of the bowels. She had hardly seated herself upon the edge of a rather high chair, when a severe

bearing-down pain seized her, and before any assistance could be afforded (though one or two women were in the room) the child was forcibly expelled, and fell head-foremost on the floor, being killed upon the spot.

I should have mentioned that I was sent for immediately after Mrs. B. had descended into the lower chamber, but did not arrive till about twenty minutes after the delivery. The child, which was a remarkably fine one, was perfectly dead, and still attached by the cord to the placenta, which came away shortly after the infant.

In the above case not the *slightest suspicion* of criminality can attach to the mother; but, suppose the delivery to have taken place under circumstances precisely similar to those in Pendry's case, though there would be ground for a medico-legal investigation, still, with the fact brought before them by the coroner, that cases such as I have now reported do not unfrequently occur, a jury should be extremely cautious how they blast a poor creature's character by returning such a verdict as that recorded against this unfortunate woman.

I am happy to have it in my power, by a recent case in point, to support the view taken by Mr. Ryan.—*British Amer. Med. Jour.*

[In connection with the above interesting case by Dr. Sewell, the two following cases are copied from late Nos. of the London Lancet, the first of which is related by J. B. Prowse, Esq., a surgeon of Clifton; and the other by Dr. A. Blacklock, of Dumfries.]

One positive fact is worth more than all the negative evidence which can be brought forward on any subject, and for this reason the subjoined case is narrated. When a pupil, I was engaged by a poor woman to attend her during her accouchement; she was a native of Ireland, and a remarkably fine and well-formed person. She had already borne two children. On the day of her delivery I was requested to call on her, for she *thought* her confinement was near at hand. Her attendants said she was in no pain, but that she appeared uneasy. I waited on her, and found her on the bed, smiling, and expressing a hope that she had not summoned me unnecessarily, but that, as she never suffered much in labor, I would excuse her if she was wrong. On examination, I was surprised to find the head of the child in the upper part of the vagina, and was puzzled to account for there having been no pains to lead to the suspicion of the real nature of the case. No sooner was my hand withdrawn, and my back turned to speak to the attendants, than there occurred one single effort of the uterus, and the child was in the world. I never shall forget the circumstance. To say that there was pain, would be wrong. I believe what the woman stated to me as truth at the moment, that "she scarcely experienced any uneasiness." Not to occupy any more space of your most valuable journal, I will merely say, in conclusion, that on reading the report of the case at Isleworth, I saw how possible it was that the woman should be innocent.

Now, that facts are so uniformly preferred to theories, permit me to contribute to your useful pages the following case, which occurred to myself so long ago as Feb. 26th, 1823. At about midday I was hur-

riedly called to the wife of a clergyman, who had been suddenly taken in labor of her second child. She had been sewing, and occasionally reading, in the parlor, for an hour before, but without suffering any pain or uneasiness to lead her to suppose that labor had commenced, or was even threatening, when in an instant she experienced a strong bearing-down pain, which induced her to get upon her legs, and endeavor to walk into an adjoining bed-room. But before she had proceeded more than a few yards, *another pain threw the infant upon the carpet.* The cord was ruptured close to the umbilicus, but fortunately did not bleed from the fœtal portion. The placenta was partially detached, and the most alarming flooding immediately followed. By introducing my hand, irritating the uterus, and carefully extracting the after-birth, administering brandy freely, and applying cold water and well-adjusted pressure to the abdomen, my patient soon rallied, and made a good recovery. I may observe, that the infant was not injured by the fall; indeed, the fall must have been much lessened by the cord.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, AUGUST 27, 1845.

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*The Butler Hospital for the Insane in Rhode Island.*—An apology is due for not having sooner noticed the Report to the Trustees of the proposed Lunatic Hospital in Rhode Island, by Dr. Bell, of the McLean Asylum, whose good judgment and taste are both apparent in the report. This newly projected institution is to be located at Providence. Funds exceeding \$130,000 were received for the purpose the past year, including a legacy of \$30,000 from Mr. Brown, and \$40,000 from Mr. Cyrus Butler. The proposed institution takes its name from the last-mentioned donor. Three miles from the city of Providence, 120 acres of land have been purchased. With a desire of having the very best contrived edifice—one that shall embrace all the advantages known either at home or abroad—Dr. Bell was induced by the Trustees to visit Europe for the exclusive purpose of ascertaining what was best, most convenient and tasteful in this kind of architecture.

“Dr. B. sailed early in January last for London; after examining the various public and private metropolitan asylums, and the larger public ones to the south, he passed over to the Continent—remained a fortnight at Paris and its vicinity, and thence through Belgium, intending to visit the institutions on the Rhine. Receiving, however, such information as led him to the opinion that his short stay would not be most profitably expended in that direction, he returned to England and visited a very considerable proportion of the most recent and best asylums in Great Britain. Amongst those, to which, as the most perfect and best designed, he gave the most particular attention, were the Surrey, Northampton, Leicester, Nottingham, Lincoln, Wakefield, the two at York, Glasgow, Edinburgh and Belfast. Many of the earlier and unimproved asylums were visited during the

first part of his absence, but so little was found to remunerate him for the loss of time, that he devoted more of his attention afterwards to the details of such recently-constructed edifices as were acknowledged to contain the most recent improvements.

"The results of his observation were communicated in a Report to the Trustees of the Butler Hospital. The plan proposed is now in the hands of a competent architect for estimates and other practical points, and has not yet been fully determined upon. The intention is to proceed at once to carry forward the buildings."

It appears that the insane establishments in England, or, rather, British institutions, are now of two kinds, viz., the old and the new. The modern structures eclipse the first both in their internal arrangements, comfort and beauty. The old ones were located in towns, and therefore noisy and circumscribed; while the edifices of later times, stand off from the hum of the multitude, with ample grounds. The gloomy, severe, jaily buildings are superseded by those of a light, airy appearance, and of an inviting character. Dr. Bell enters upon the details of the size of apartments, the method of warming, ventilation, &c., with the precision of one who feels his responsibility. Points of immense consequence in regard to the internal economy of these homes of the wretched are discussed with much ability. The following is a portion of the results of his investigations.

"In digesting a plan for the 'Butler Hospital' from my somewhat copious supply of materials (having been so fortunate as to obtain copies of the unpublished plans of a number of the best and most recent institutions), I have been compelled to adopt the conclusion that for our country and climate, a right line, with projections at right angles and at the centre, is the most convenient form. My opinion formerly was much in favor of separate buildings for the different sexes, and for the officers and offices of the household. There are certainly advantages in such a separation, but overruled by reasons of convenience and economy; particularly where it is designed to introduce the modern system of heating and ventilation. A most serious objection to the common quadrangular form, that patients from different sides are placed opposite and in view of each other, is obviated by the plan of having the kitchen and its appendages and the chapel over it, project between the two wings."

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*Nothing New in Surgery.*—If it is true that there is nothing new under the sun, it must necessarily be so in respect to surgery. Excavations at Pompeii have brought to light various instruments, which have been considered original inventions in our day, and as such are patented. Dr. Chandler, of St. Albans, Vt., relates the following anecdote, illustrative of the fact that the idea of originating any new apparatus or new principle in surgery, is quite if not wholly preposterous.

"Of course," writes the doctor, "you understand that a country surgeon of small pretensions, may not look for a great array of books on the shelves of his desolate study. Periodicals are few and far between, and the élite of the profession are not often included among his associates. Under such circumstances, several years since, I was much annoyed and mortified with the results of oblique fractures of the femur, in spite of all the contrivances I remembered to have heard or read of. I therefore set

about the labor of devising a fracture apparatus, which would prevent the shortening of the limb. It consisted merely of a platform, six feet long and three wide, on which to lay the patient, with joints, secured by hinges, at points corresponding with the hips and knees—care being taken that the middle portion should correspond with the length of the patient's thigh. That being accomplished, it was easy, by cushions and fixtures, for straps, &c., to remedy the evil. The results in two or three instances were so satisfactory, that in my very soul I thought myself the cleverest surgeon in all the country round. While on a visit at New York, soon after, and while walking the hospital in company with Dr. J. K. Rodgers, who, by the way, treated me very courteously and considerately, I could not resist the united promptings of self-complacency and compassion for suffering humanity, and so in the fulness of my heart, disclosed, in a patronizing fashion, to the doctor, my wonderful contrivance and my more wonderful success in curing fractures. It was an emergency the doctor was equal to; his politeness did not fail him, and after gracefully bowing his sense of obligation, he apologized by reminding me of the claims of his patients on his time, and gave me over to the guidance of a young gentleman whom he requested to show me through wards number so and so—where, to my utter consternation, I saw two or three patients with broken thighs, stretched on fracture beds, combining all the advantages of mine, with many others that I had never dreamt of. I did not stop to inquire the name of the inventors, nor how long they had been in use."

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*United States Army Medical Movements.*—Assistant Surgeon C. McCormick ordered on duty in New Orleans, La., from Key West, Fla.—Surgeon A. N. McLaren assigned to duty temporarily at Ft. Independence, Boston Harbor, from Hancock Barracks, Houlton, Me.—Assistant Surgeon R. Southgate ordered from Ft. Gratiot, Mich., for duty at Military Academy, West Point, N. Y.—Assistant Surgeon W. Levely ordered to join Brigadier Gen. Taylor's command in Texas.—Assistant Surgeon C. E. Isaacs relieves Assistant Surgeon M. Mills at Ft. Niagara, N. Y., who accompanies detachment of Light Artillery from Baltimore, Md., to Texas.—Assistant Surgeon R. S. Holmes assigned to duty at Hancock Barracks, Houlton, Me.—Assistant Surgeon L. McPhail ordered from Plattsburgh Barracks, N. Y., on duty with Gen. Taylor's command, Texas.—Surgeon R. C. Wood ordered from Buffalo Barracks, N. Y., on duty with 5th Infantry at Jefferson Barracks, St. Louis, Mo., en route to Texas.—Assistant Surgeon I. Simons accompanies detachment of 2d Dragoons, ordered from Ft. Washita to Texas.

The following officers of the medical staff are also attached to General Taylor's command in Texas:—Surg. J. J. B. Weight, Assistant Surgeons B. Byrne and H. H. Steiner, from Florida, with 8th Infantry.—Surg. W. L. Wharton and Assist. Surg. G. Buist from Ft. Jesup, La., with 2d Dragoons.—Surg. N. S. Jarvis, Assist. Surg's J. R. Conrad and A. W. Kennedy, with 3d and 4th Infantry.—Surg. P. Craig and Assist. Surg. D. C. De Leon, with 7th Infantry. Their address is "To the care of the U. S. Quartermaster, New Orleans, La."

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*Extraction of Teeth.*—Mr. Power, dentist, Stephen's Green, Dublin, has found it desirable, in the course of his professional duties, after the

extraction of a tooth, that the gum should not be closed, as the natural spreading of the adjoining teeth on either side of the tooth which has been extracted is thereby prevented. When the jaw has received injury, in the course of a rude operation, it is judicious to bring the parts into contact.—*London Lancet*.

*Medical Miscellany*.—Dr. Knight, of Monticello, Mo., writes that he has seen but one case of harelip in a black, but that was a double one, although long a resident of a slave State.—The circular of the Willoughby University, Ohio, exhibits the good condition of the medical department. In 1844-5, there were 126 medical students matriculated there.—At the meeting of the Farmer's Club, in New York, Dr. Underhill was of the opinion that nine out of ten of all western cattle had diseased livers. Dr. Archer delivered an address on the advantages and capabilities of Texas. Dr. Page, of Texas, showed that it was a country of great fertility.—A child was killed at South Boston by brandy, given by its parents as a remedy for worms.—The New Haven Herald states that the prize offered by the Connecticut Medical Society for the best essay upon Scarlet Fever, has been awarded to Dr. Ellsworth, of Hartford.—A circular of the Jefferson Medical College, announcing the lectures for 1845, has been published.—In the great fire at Smyrna, disastrous beyond all former ones, the English hospital was saved, but the Austrian was destroyed; by great exertion the Greek hospital was also saved, having three hundred patients in it at the time.—Cynthia Browning, the Kentucky giantess, died July 30th. She was seven feet tall.—Dr. V. J. Fourgeaud, of St. Louis, has become one of the editors of the St. Louis Medical and Surgical Journal: there are now three editors, viz., Drs. Linton, McPheeters and Fourgeaud.—Dr. Gross, of the Louisville, Ky., Medical Institute, is at Philadelphia, says Dr. Lee's Journal, superintending a new edition of his Elements of Pathological Anatomy.—Dr. E. S. Phelps, of Middleton, Mass., recommends filling a painful tooth, if hollow, with extract of belladonna, having several times afforded relief in that way.—A certain Dr. Christian, of Tennessee, is accused of the very unchristian act of shooting a political opponent.—Gratuitous lectures on surgery are delivered in October, at Lexington, Ky., where the medical department of Transylvania University is located.—A decoction of the black ash bark is the last-announced remedy for hydrophobia.—The Society of American Dentists have unanimously declared, in convention, that filling teeth with amalgam is a dangerous practice.—A perfect skeleton of a mammoth, the only one ever exhumed entire, is said to have been found seven miles west of Newburgh, N. Y. The skull, alone, weighs 700 pounds.—A pest house recently erected at Pittsburgh, Penn., has been demolished by a mob. The people wish to have smallpox at home, it seems, and not in the public accommodations.—Smallpox has appeared at Millbury, Mass.—Dr. Silas Fuller, an eminent physician of Hartford, Conn., is slowly recovering from a sickness, which it was feared, at one time, would terminate fatally.

Number of deaths in Boston, for the week ending Aug. 23, 53.—Males, 30; Females, 23. Stillborn, 9. Of consumption, 6—disease of the bowels, 18—erysipelas, 1—cholera infantum, 5—hooping-cough, 2—old age, 2—teething, 2—disease of the brain, 1—dysentery, 1—delirium tremens, 1—scarlet fever, 2—infantile, 5—accidental, 1—bronchitis, 1—child-bed, 1—intemperance, 1—dropsy, 1—typhus fever, 1—croup, 1.

Under 5 years, 35—between 5 and 20 years, 4—between 20 and 60 years, 12—over 60 years, 2.



*Contagion of Typhoid Fever.*—M. Gaultier de Claubry, in a communication read before the Academy of Medicine, Paris, endeavored to prove—First, that typhus and typhoid fever (dothinenenteritis) are identical. Secondly, that typhoid fever, like typhus, is contagious. These propositions M. Gaultier Claubry supported by numerous arguments drawn from his personal experience. He had within the last few years met with eight cases of undoubted contagion in his private practice, the patients being all in easy or wealthy circumstances. In concluding, he reminded the Academy that his views on this subject were also those of MM. Chomel, Louis, Andral, Moreau, Jolly, and many others.

M. Rochoux disagreed in every respect with M. Gaultier de Claubry. In his opinion, the diseases were perfectly distinct, differing in their causes, their symptoms, their pathological anatomy, and their treatment.—*London Lancet.*

*Professor Campbell's Statistics of Midwifery.*—These statistics are founded on 5,754 deliveries which have occurred for some years in the author's private practice, and such as have been under the management of his pupils, as also those for which he has been consulted by his professional friends.

The oldest parent among the males was 77 years of age, and his wife produced 13 sons and 3 daughters—two of the latter being by a former husband; when her 16th child was born, she was in her 41st year. In 5,754 deliveries, there were but 5 male parents below the age of 20; 4 at 18, and 1 at 19. Among the female parents, 2 only were delivered at the age of 50; 3 at 47; 9 at 46; 15 at 45; 20 at 44; 21 at 43; 37 at 42; 28 at 41; 124 at 40; 153 at 39; 87 at 38; 35 at 37; 7 at 36; and 2 at 35. Of the whole number of female parents referred to, each of 31 mothers produced 12 children; 14—13; 5—14; 1—15; and 3—16 children.

In 5,754 deliveries, there were 2,901 male, and 2,219 female children; the sex of the remainder had not been recorded.

There were, in 400 first deliveries, 244 males and 160 females, including 3 twin births, of which 1 was a female and 5 were male infants.

In 116 illegitimate births, there were 65 male and 52 female infants, including one twin delivery, in which there was one of each sex.

By 153 males and females of equal ages, 318 males and 245 females were procreated, including 3 twin births, of which 2 were male and 4 female infants.

By 340 fathers, from 3 to 6 years older than their wives, 795 males and 351 females were produced, including 5 twin cases, in which there were 3 males and 7 females.

By 143 fathers, who were from 7 to 10 years older than their wives, 366 males and 289 females were produced, including one twin birth, of which both were male infants.

To 112 fathers, who were from 11 to 36 years older than their wives, 267 males and 194 females were born, including 1 twin birth, in which there was one infant of each sex.

To 117 husbands, who were from 3 to 17 years younger than their wives, 285 males and 214 females were born.—*Northern Journal of Medicine, June, 1845.*



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## DR. COALE'S PRIZE DISSERTATION ON FRACTURES.

[Continued from page 76.]

*Fractures of the Shaft of the Femur.*—Though in our tabular view we made no subdivision of the fractures of the shaft of the femur, we find that the point at which the lesion occurs makes a great difference in the readiness with which we can control the displacement of the fragments.

Fractures taking place within three inches of the top of the trochanter are more difficult to treat successfully, and are more likely to foil all the care and skill of the surgeon, than any other. In intra-capsular fractures of the neck and in fractures of the trochanters, cures are not to be expected. In impacted fracture of the neck or of the condyles, the failure may be laid to the great violence received, and the surgeon escapes censure. In the other fractures, with common care, he effects a cure, but fractures just below the trochanter may be caused by comparatively slight accidents, and despite every attention and exertion the patient often leaves the surgeon's hands a cripple for life—not forgetting to bestow some back-handed blessing upon his medical attendant every time he puts on his high-heeled shoe or takes up his cane to go forth halting upon his way. The causes of this peculiar and exceeding difficulty in treating fractures in the neighborhood specified, are these.

In fractures higher up, there is no muscle attached to the upper piece to draw it out of its situation, and we have command over the lower piece and can bring it into its proper place. In fractures nearer the middle of the shaft, the length of the upper piece gives us command over it, besides which the vasti externus and internus being attached to it, though they cause us trouble by approximating the two fragments and making the ends override each other, tend to prevent the upper from being drawn very much out of the line of the axis of the limb. When, however, the fracture takes place high up, two strong muscles, the iliacus internus and psoas, have unlimited power to draw the superior fragment forward and upward, and the pectineus gives it an inward cant, whilst its small size prevents our obtaining a *point d'appui* upon it. We cannot wholly govern its motions with bandages, compresses or splints.

We have hitherto said nothing about bandages and compresses, for several reasons. We have purposely left much to the instinct and common sense of the surgeon: to that instinct, without which we might tell him much more and neither make him wiser nor his patient fare better, and with which, to descend into minuter details would be useless.

This instinct will tell him that the wood of which a splint is to be made should be as light as possible consistently with the requisite strength; that bandages should be of a breadth proportioned to the size of the limb; that they should only be used to a sufficient extent to fulfil the object, and that beyond this every turn is hurtful; that compresses should be made of as soft and elastic a substance as we can get. Besides this, we hold that bandages should never be used when they can be avoided, and in the fractures already treated of none were necessary except those already mentioned or implied in our description of the apparatus used.

In the fracture we now treat of, the limb has to be constricted quite firmly just over those vessels by which it discharges most of the fluids that have been circulating in it—the femoral vein and the numerous lymphatics in its neighborhood. Without some precautions an accumulation would take place beyond this constriction, and the limb become very tumid. To prevent this, we begin our treatment by enveloping the whole leg and thigh from the toes upward in a bandage of Scultetus. This we prefer to a roller, because, if properly applied, it is just as efficient, and when it becomes slackened, which any bandage will do sooner or later from the wasting of the limb, it can be re-adjusted without disturbing the splint, which would have to be entirely removed to re-apply a roller. We may mention here, that the great imperfection of the Scultetus seems to be that the ends work loose. This may be prevented entirely by giving them a little daub with starch as each is tucked in.

For reasons which are evident after what we have said in explaining the difficulties of treating this fracture, a straight splint will not serve us. It would restore the proper length to the limb, but it could have but little effect in keeping the upper fragment in apposition with the lower. We therefore decidedly adopt the semi-flexed splint after the type of Rowe's. To this the limb is attached, flexing it at right angles to the pelvis, whilst extension is carefully preserved. Over the extremity of the upper fragment a compress is laid, and upon this, extending half way down the anterior and internal aspect of the thigh, is placed one of Gooch's flexible splints, securing it by two bands around both limb and inclined plane. In the application of this splint the apparatus of Rowe has a decided advantage over the broader and more bulky inclined plane of Cooper, as with the latter this anterior splint must be applied before placing the limb upon the inclined plane, and of course before the extension is made permanent; there is consequently a liability to displacement and to an alteration of the bearings of the compress. As the thigh is to be flexed at right angles with the pelvis, the body should be raised at an angle of about  $30^{\circ}$ , which would be much more comfortable than to have the trunk horizontal and the thigh perpendicular. From the beginning of the treatment the splint must be suspended, and to increase the extension the point of suspension must be so placed that the suspending cord will have an inclination to the foot of the bed, and therefore a tendency to draw the limb in that direction. The time required to complete a cure is about six weeks.

The causes of our difficulties in treating fractures near the middle of the shaft may be gathered from our short sketch of the anatomy of the part, and therefore do not require a more special enumeration. The direction of the fracture much affects these difficulties, it being evident that in a transverse one the fragments can be more readily held in apposition and prevented from overlapping than when the fracture is oblique, furnishing two inclined planes which may readily glide over each other. Oblique fractures also are affected by the direction of the obliquity. If the obliquity range from above downward and from without inward, a reference to the anatomy of the pectineus and the lesser and middle adductors will show that these muscles will then act with great effect in drawing the superior fragment inward; but if the fracture range from within outward, the influence of the same muscles would be almost null, whilst the long adductor would act upon the lower fragment at so acute an angle as to have but little effect in drawing it out of the line of axis of the limb.

This will be readily understood by a reference to the accompanying diagram.

A A.—The Femur.

b b b b.—The outlines of the Pectineus.

c c c c.—The outlines of the Adductor Minimus.

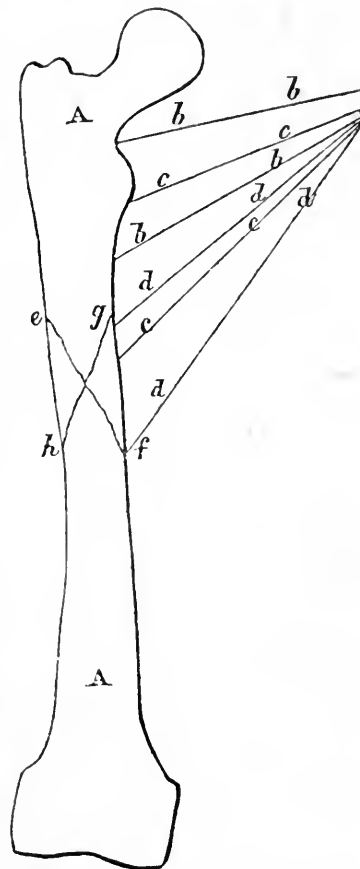
d d d d.—The outlines of the Longus seu Medius.

Now it is evident that if the fracture is in the direction of the line *e f*, the superior fragment can be readily displaced and to some extent, whilst if it is in the direction of the line *g h*, the result will be a slight bending of the bone inward, without much displacement of the fragments from their relative position.

The splint we advise is the same modification of Desault's by Flagg already quoted, replacing it as before in order to lessen the restraint of our patient as soon as we possibly can (say the twentieth day) by the light suspended inclined plane of Rowe. As for bandages, rollers, &c., we will thank M. Mayor for the advice, and utterly discard them except where the single turn of a broad roller or handkerchief (which will not produce sudden or severe constriction) and a compress is necessary to prevent the obliquity of one or both of the fragments.

Adjust properly what bandage may be wanted to hold in place the apparatus, or a fitly-proportioned compress, and no constriction will be produced that would require the enveloping of the limb with bandages, except in the last-mentioned fracture. Omitting the use of these, we

FIG. 6.



gain much in cleanliness, in saving of trouble, and in the well-being of our patient. We can have the whole limb under our eye, and with convenience make what application of lotions, &c., may be necessary, and moreover the limb may be subjected to those gentle and continued frictions, with the naked hand, so agreeable and soothing to a fractured limb constrained and fastened by a splint.

*Fractures of the Lower End of the Femur.*—Fractures of the lower end of the femur we have subdivided into those just above the condyles, and those through the condyles into the joints, separating one or both condyles from the shaft.

It may be said that the first of these properly belongs to fractures of the shaft, but they are produced by the same kind of violence as the last; the two are frequently complicated in the same individual, and much the same treatment is required for both. These lesions are always produced by heavy falls upon the knee, received in a direction so oblique as to avoid fracturing the neck by *contre-coup*, and yet so severe as to rend apart the expanded spongy tissue of the condyles. Where the shaft alone is fractured, the diagnosis is made with facility; but where a condyle is separated, our means of judging the precise nature and extent of the injury are much lessened, because the violence must necessarily be shared with the neighboring soft parts, bursæ and synovial membranes of the joint, and these tissues soon become so tumefied as to destroy all our usual landmarks. Amidst this tumefaction and effused bursal and synovial fluid, it is not strange that we should be unable to detect a piece like the condyle.

When the shaft is fractured transversely, the broad opposing surfaces resist displacement, and in this way much assist us in our treatment; but where the fracture is oblique, ranging from above downward and from behind forward, we not only have the difficulties before explained as caused by two inclined planes, but the point of the upper fragment is very apt, in spite of all our care, to project sufficiently forward to prevent the patella from gliding up and down; the motions of the knee are consequently much embarrassed and sometimes entirely impeded. We should, therefore, in this accident be always very cautious in our prognosis, as under the best circumstances this must be considered a formidable and unpromising injury.

In this fracture our resort must be to the straight splint, which even Cooper adopted, with an internal splint so like Dr. Flagg's that we cannot be persuaded to call the one used at the Massachusetts General Hospital by his name. In consideration of the assiduous local treatment almost always required by the violence done to the parts around in this injury, we would suggest the use of the same contrivance mentioned in speaking of impacted fracture of the neck—substituting a steel rod ellipse or oblong for the wooden splint in the neighborhood of the fracture. Great care must be paid to the proper support of the knee, but otherwise the splint is to be applied as usual, using, according to our principles, compresses where they may be required to prevent chafing, and bandages where they may be necessary to attach the splints or give support to some part or compress, *but no where else*.

At the end of a month the inclined plane of Rowe may be substituted—first putting it on perfectly straight. Passive motion by flexing the splint should be commenced as soon as possible, but the arrival of this period can only be told by actual experiment of the surgeon. The few cases on record hold out no cure under two and a half months, and some extend nearly to the fourth—a duration which must be considered rather as required by the extent and complication of the lesion than by any backwardness at renovation on the part of the bone, which at this point seems to possess all vitality requisite for speedy reproduction.

Fractures of the condyles are also accidents of which our prognosis must be unfavorable. The violence originally causing the lesion must necessarily be great, and of course be shared by the very sensitive articular tissue. The joint itself is opened, and if these difficulties are overcome we have a nice task to unite the detached condyle so accurately as not to impair the delicate mechanism of the joint.

In the treatment of this fracture our first precautions must be directed to getting rid of the tumefaction, which, as with the last, is liable to be very great. Having accomplished this, Sir Astley Cooper advises applying a roller, and then a wet piece of pasteboard about sixteen inches long and wide enough to reach from the edge of the patella on one side, down underneath the limb, up to the other edge of that bone, confining it with another roller. Bransby Cooper would substitute the starched bandage for this. We would suggest Rowe's splint, used perfectly straight at first. This would give all the ease and comfort of either of the others; is just as readily applied; does not prevent the application of lotions, leeches, &c. &c.; can be suspended; and, finally, will enable us, when the proper time arrives, to submit the limb to passive motion without further disturbance than what we choose to inflict upon it. This accident is rare, and the records of our profession give us but little information upon it. The cases related were, like the last, tedious, requiring three months for a cure.

*Compound Fractures.*—In these severe and often fatal injuries, the only modification of apparatus which we would suggest is the one already twice mentioned—the substitution of a metal continuation of the splints in the neighborhood of the wound for the purpose of facilitating the application of local remedies, and in the present case with the additional view of preventing the discharge from the wound soaking into the splints and befouling them. This can be made by any blacksmith, whilst we are reducing the swelling sufficiently to apply the splints. To keep the bed clean, the injured limb should be placed upon a piece of India rubber cloth. This, instead of passing as usual under the other limb and letting the fluid run into the depression caused by it, should come up between the thighs and be laid over the sound one, which it will not incommode if the cloth be very thin.

#### *Occasional Modifications of Apparatus.*

Though we have given what we deem to be, under ordinary circumstances, the best apparatus for the treatment of the several fractures of

the thigh, there are occasions which demand a modification of the appliances mentioned or a substitute for them.

Thus we have recommended the inclined plane after the type of Amesbury, Rowe, &c. Instances may occur, when this, simple as it is, can neither be obtained already made nor manufactured, and our next choice, then, would be the starched bandage. This we apply as already directed. In making this splint or bandage, for it is both, we have found it very useful to introduce the common ironmonger's paper between the layers of the roller. Cut the paper into strips an inch wide, or even less; paste them over on one side, and double them together for a few minutes until the paste can soak in and thoroughly soften them. They can then be perfectly adapted to any surface, even when very convex and irregular, and are particularly serviceable when we want to strengthen a part, saving us the necessity of carrying back the roller to that part and making an ungainly-looking splint. In all cases where this apparatus is used, we would urge its being slit open in front. If properly made, this will not impair its strength, and it gives the limb an opportunity of swelling without being constricted, and gives us an opportunity of daily examining it. This splint does not possess one great advantage which the inclined plane offers. We cannot exercise the limb with passive motion while it is on; we must therefore, when the time comes, remove it and replace it again after exercise.

The starched bandage is very useful with children, and where the limb has previously been crooked or otherwise deformed. With the very young we experience a difficulty in keeping the limb perfectly still, and in preventing those motions which must derange any splint. In deformed and crooked limbs we of course cannot adapt a straight splint. In both of these cases the starched bandage answers admirably. With babies and very young children there is an inconvenience attending its use, which may not at first suggest itself, but which produces great trouble—they urinate upon it, and of course soften it. For this Tavignot advises varnishing it, but they will not let it dry sufficiently to varnish it. In such a case we had great success with the following method. Making proper extension ourselves, an assistant prepared a bed of plaster of Paris. Into this we laid the child ( $2\frac{1}{2}$  years old), taking a half mould from the crest of the ilium to half way down the leg. In five minutes it *set*, and the child was taken out. In this mould we made a cast of that half of the hip, thigh and knee, and to this cast we applied a starched bandage, precisely as if it had been a real limb. Of course it was but a half circumference—one side being flat. When dry, we cut off this flat side, and were thus enabled to remove the starched splint from the cast. This splint, which of course was perfectly shaped to the half of the limb, we then varnished with copal varnish, making it thoroughly waterproof.

The plaster splint we have never seen tried. One evident advantage it possesses is the perfect uniformity of pressure established all over the limb—a uniformity which the greatest skill in applying a roller cannot equal. The size and weight of the material is the greatest objection to its use. A very interesting case is given in Cooper's work on Disloca-



tions and Fractures, in which this splint was used in a case of oblique fracture of the thigh with unexpected and perfect success. In this case, before the plaster hardened the anterior fourth was removed throughout its whole length from the groin to the instep.

The late improvements in the preparation and manufacture of India rubber hold out expectations that it may be usefully applied in the form of bandages, which, though sufficiently firm to fix the limb, would still by their elasticity permit any little increase by swelling or decrease by wasting, without pain to the patient or derangement of the apparatus. This remains to be determined by experiment.

[To be continued.]

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#### DEATH FROM THE PRESENCE OF A FOREIGN BODY IN THE BRONCHUS.

By James Sheppard, M.D., M.R.C.S.L., Stonehouse, Devon.

ON Tuesday, Feb. 18th, at 10, A. M., I saw Mr. J. L——, aged 73, a gentleman much respected, to whom I had been summoned, in consequence of his alarm at having swallowed a piece of ginger some hours previous to my visit, which he considered had “stuck” in his throat, on its passage. It appeared that Mr. L. had retired to his bed on the previous night at his ordinary time, in his usual health. According to a custom of many years, he had gone to sleep with a piece of ginger in his mouth. About two o’clock in the morning, he was awoke by a violent cough, of a suffocating and spasmodic character; he felt as though the ginger had “stuck” in his throat, and he could neither get it up nor down. His cough continued without intermission, for about two hours, when he felt the ginger move and pass into the “chest.” Since then, he had slept at intervals, and though a good deal exhausted, he appeared, at the time of my visit, to be pretty comfortable, notwithstanding an occasional cough. His countenance was tranquil, his pulse calm, his respiration natural. He expressed himself to be tolerable, with the exception of a tightness across his chest; this we both referred to the concussion of the cough. He complained of no local pain in the chest, as might have been expected if such a stimulating substance as ginger had escaped into the lungs. But the question was urgent, where was the ginger? Was it in the bronchi or in the stomach? There was no symptom to warrant the conclusion that the ginger was in the lungs. That it had irritated the epiglottis, or the lining membrane of the larynx, in the morning, was certain, but as to its position in the body I felt myself unable to determine. For years he had been the occasional subject of asthma, and had also an habitual cough. I ordered him to take a little castor oil, and determined to wait for the result. About three, P. M., they sent for a little cough medicine, saying Mr. L.’s cough was rather troublesome. I accordingly sent him a little pectoral mixture, and a Dover’s powder to take at night.—Eleven, P. M., was called out of bed to see him. He was very restless, and exceedingly anxious; his countenance also betraying great anxiety. His skin was hot, his tongue dry, his respiration hurried,



and he still complained of pain across his chest. His cough had gradually become more troublesome ; he was altogether very ill.

*Percussion.*—Both sides sounded equally well.

*Auscultation.*—But little vascular respiration audible on either side, less on the left than on the right. On the left side, bronchial respiration and crepitation was audible in several abnormal situations. On the right side, there was large mucous crepitation heard all over the posterior portion of the chest. More fremitus felt on the right than on the left side, and the left side was also immovable to a considerable degree in respiration.

He had expectorated a good deal of mucus during the day, which presented no unusual appearance. His voice was manifestly altered, but it was not the alteration of laryngitis, but of debility ; perhaps it may better be described as a failure of the voice rather than as an alteration. I ordered him to omit the mixture, and to take a saline aperient with ipecacuanha ; the oil had operated twice, but no ginger had been seen. I ordered also a mustard poultice.

If the ginger was in the chest, where was its seat ? or was it a case of uncomplicated bronchitis ? These questions were of a most important character, but could not be solved in the present state of the case. I believed the ginger was in the bronchi, but could not decide satisfactorily. There was but little vesicular respiration audible in either lung ; the left lung was nearly immovable ; the right bronchial tubes were in a state of inflammation. Did the ginger plug up the left bronchi ? This was the case, or the left lung was in a state of chronic disease. There was less fremitus on the left side, yet bronchial sounds were abnormally audible in some places, as though there was consolidation or engorgement of the left lung ; yet the fremitus was less on the left than on the right. The fremitus being less, and the left side moving so little in respiration, indicated that the ginger was in the left bronchus. What, then, was the cause of the inflammation in the right ? I thought it probable, if the ginger was in the left bronchus, that (as it was described as a piece as large as the distal phalanx of the little finger) it might project into the cavity of the trachea, and propagate its irritation by continuity of structure ; or that mucus impregnated with ginger might have passed into the right side, and so have caused inflammation.

February 19th, half past nine, A. M.—Countenance much altered, betokening great depression ; his pulse had given way and had become weak and thready ; his tongue was dry and brown, his skin cool, his breathing anxious, and he complained of a good deal of pain in his chest, especially at the posterior part, between the shoulders ; he was perfectly sensible, but a little inclined to coma. I feared that sinking was at hand. I ordered a blister to his chest, and commenced stimulants. At three, P. M., I again saw him ; he was much lower ; decided collapse had appeared. At four, P. M., at the request of the family, I met my friend Dr. Tyndal in consultation ; he was still sinking, and at five, P. M., he died.

I was ordered to make a *post-mortem* examination of the body by the coroner, which I did at three o'clock in the afternoon of Feb. 21st, and

I regret exceedingly, that from certain very unpleasant circumstances, resulting chiefly from the disinclination of the relatives to permit the body to be examined, I was prevented from making as perfect and as minute an examination as I otherwise might have done. The jury were also waiting in the room below for my evidence. My friend Mr. Carter was present, and assisted me in the examination of the body. The lungs were so completely tied down to the parietes of the chest that it was impossible to break down the adhesions without also tearing the structure of the lungs. On laying open the larynx and trachea, nothing particular presented itself; the mucous membrane bore occasional marks of congestion, but inflammation was absent. When we arrived at the bifurcation of the trachea, at the very upper part of the right bronchus, was the fatal ginger, nearly if not quite on a level with the point of bifurcation. The ginger was swollen and soft, and on squeezing it, a bloody mucus escaped. In this condition it measured an inch and a quarter in length, half an inch across at its widest part, and about three-eighths at its narrowest, which was also its middle. Both lungs were loaded with dark blood; partly, I apprehend, from impeded circulation, partly from gravitation, &c., after death, and partly from congestion during the last hours of life, during the stage of collapse. The cellular structure of the lungs was much altered from its natural appearance, the left lung especially. On cutting into it, a quantity of semi-purulent mucus oozed out in large quantities from every cell, and there were marks of bronchitis on the right side.

If my patient had been young and healthy, I do entertain a hope that his life might have been spared, for the vital powers would have been better able to endure the shock, and to sustain disease longer; added to this, the diagnosis would have been clearer. The question also presses urgently whether, if younger, and with healthy lungs, some means might not have been adopted, some expedient resorted to, for his relief; for if there be a case demanding the exercise of all the ability and all the energy of the profession, it is surely such an one as this, in which, by such a simple mechanical (?) cause, the life of a valued fellow-creature was sacrificed and prematurely lost. The slight specific gravity of the ginger was against the idea of its being moved by gravity above, especially in its swollen state: but if the ginger be permitted to remain, it must cause death; would it not be advisable, if such a substance as ginger is clearly demonstrated to be in the chest, to open the trachea, as low down as possible, and to introduce an instrument to excite the irritation of coughing, in hopes of dislodging the substance, in order that it may be seized if possible? but if this fails, I would recommend, bearing in mind that the alternative is certain death, that a long and very fine canula, enclosing a sharp stilette, with a barbed point, should be introduced through the opening, which might be passed without touching the sides of the bronchial tubes; if resistance be experienced, the stilette might be carefully protruded *continually*, withdrawing a little to try if the prize was caught; a stilette without a barb might be first tried.

In the case I have described I regret only one circumstance, and that

is, that I was not applied to in the morning, when the *ginger was sticking* in his throat, for then, if the ginger had not entered the larynx, it might have been extracted. Not long since, I was called to a boy, in imminent danger; he had a "whistle" in his throat; I could feel it with my finger, but could not, of course, grasp it. I tickled his fauces with my finger, and the whistle was ejected with force.—*London Lancet*.

#### ON PHYSOMETRA.

By Thomas Barbour, M.D., Professor of Obstetrics, &c., in the Medical Department of *Kemper College*.

As tympanitis uteri is a rare affection, and, more especially, as the possibility of its existence has been questioned by some distinguished authorities, among whom may be mentioned Professor Meigs, of the Jefferson Medical School, who, in his edition of M. Columbat's able work on the Diseases of Females, declares that it is very doubtful whether such a condition can occur, I beg leave to communicate to the profession four unequivocal cases which have come under my observation; the 1st, that of Mrs. W., of Nashville, Tenn., in 1833; 2nd, that of Mrs. M., of Columbia, Tenn., in 1835; 3d, that of Mrs. N., of Nashville, Tenn., who consulted me in 1842; and 4th, that of Miss Y., of Giles county, Tenn., in 1842.

As all of the above cases were very similar in character, I deem it unnecessary to detail each separately, but will simply state the prominent symptoms which particularly characterized the whole, and offer a few suggestions as to the pathology and best treatment of this very singular malady.

There was very great impairment of the digestive organs, manifested by anorexia, acidity of stomach, flatulence, and vitiated or defective biliary secretion; the bowels were very irregular, the discharges being sometimes rather consistent and clay-colored, but most generally serous or mucous, and frothy and whitish; and there was the most distressing languor and debility. The phenomenon, however, which chiefly attracted my attention, and which has given name to the affection under consideration, was the generation of a vast amount of gas in the cavity of the uterus, which was frequently discharged, *involuntarily*, with a considerable report, which circumstance rendered it extremely disagreeable for the females to be in company. Whenever the body was suddenly moved, the passage of the gas, *per vaginam*, was obvious to the patients, and quite audible at some distance to others: the uterus occasionally became greatly distended with the accumulated gas, but would subside immediately after repeated discharges induced by exertion. There was no doubt, whatever, as to the source of the gas, the females themselves being convinced that it passed *per vaginam*; but, independently of the evidence afforded by sensation, the fact that it always was discharged *involuntarily*, was, to my mind, satisfactory proof of its existence in the uterine cavity.

In regard to the pathology of this curious affection, I would remark,

that it *seems* to consist in chronic irritation of the mucous membrane, and relaxation of all the tissues of the uterus, associated with, perhaps dependent on, great impairment of the chylopoietic viscera.

It is difficult to explain how, under the above circumstances, gas is formed in the cavity of the uterus; it may be owing to the decomposition of retained secretions, or other matters, as has been suggested; or, it may be the result of direct secretion from the mucous membrane. Reasoning from analogy, and from the absence of any evidences of the existence of retained matters in the uterus, I decidedly incline to the latter opinion.

The leading indications of treatment are, to improve the biliary and other secretions by means of mild alterants and aperients; to allay the irritation of the alimentary canal, and restrain excessive discharges when they exist, by means of anodynes and astringents; and to invigorate the digestive organs and general system by appropriate tonics.

If the alvine discharges are somewhat consistent but clay-colored, or of a muddy or otherwise vitiated appearance, one or two pills, according to the following formula, administered every night, or every other night, would produce an excellent effect:—R. Mass. hydrarg., aloes, rhei, āā  $\frac{1}{2}$  dr., made into 24 pills. If, however, the discharges are serous or mucous, and whitish or greenish, attended with pain, the following prescriptions will be found very useful: 1st—R. Mass. hydrarg., plumb. acet., ext. krameria, āā  $\frac{1}{2}$  dr.; opii grs. xv., made into 24 pills, of which one may be given every fourth or fifth hour. 2d—R. Hydrarg. c. creta, dr. i.; gum arabic, dr. ii.; plumb. acet., dr.  $\frac{1}{2}$ ; tinct. opii acet., dr. i. to ii.; tinct. krameria, oz. i.; aq. menth. pip., oz. iii.; dose, a dessert-spoonful every fourth or sixth hour.

As tonics, I prefer the muriated tincture of iron, in the proportion of 20 drops, three times a day, in the infusion of the wild cherry-tree bark; or sulphate of quinine, in solution, as follows: sulph. quinæ, scr. i.; elix. vit., dr. i.; aq., oz. ii.; dose, a teaspoonful three or four times daily.

In addition to the above means, it is advisable that the patient should take gentle exercise daily in the open air; and once or twice a day, a tepid shower-bath. The diet should be light and *nourishing*; and a little good port wine will promote convalescence.

Under the above plan of treatment, all the cases I have referred to recovered entirely.—*Missouri Medical Journal*.

#### FATAL CASE OF PUERPERAL FEVER—AUTOPSY, &c.

By C. S. Magoun, M.D., of Wilkinson Co., Miss.

THE subject of this case was a negress, aged 18 years, of a robust habit and sanguineous temperament. She was purchased in New Orleans December 22d, 1844, and came to this place on the night of the 23d. She was immediately taken in labor, which was not tedious, difficult, or attended with any unpleasant symptoms. She had apparently completed the full period of gestation, and soon gave birth to a child of full size, healthy and vigorous. On the morning of the 25th, Wednesday, a dose

of castor oil was given with a view of opening the bowels in order to prevent any disposition there might be to take on fever. The oil acted on the bowels in the evening, and she appeared as well as usual at bedtime. During the night she became thirsty, but made no complaint of any pain or distress; she called frequently for water through the night, but being refused by the servants in attendance, she got up and satiated her thirst. She obstinately refused to let the child be put to the breast in spite of all persuasion, but no delirium or aberration of mind was noticed. Thursday morning her owner, Dr. R. T. L., a medical practitioner of experience, went in to see her in consequence of her refusing to nurse the child, having been informed that she was obstinate and sullen, and not expecting to find her with fever or any disease of serious import. He now found her pulse from 140 to 160 per minute, small and easily compressible; extremities rather below the natural temperature; body hot and dry; comatose, and insensible to all external impressions; abdomen nearly natural to the feel; the uterus well contracted. Prescribed venesection, but pulse sank under it, and it was discontinued after the abstraction of four ounces. Cups were applied to the abdomen, although no tenderness was apparent; stimulants, blisters and sinapisms applied to the extremities, &c., but with no visible advantage. The pulse increased in frequency, respiration became more hurried and laborious, the extremities cold, the pupils dilated and immovable, and death closed the scene at about 4 in the afternoon.

She was suffering, when purchased, with cough and great hoarseness, and spoke in a low, compressed, stridulous voice, apparently with great effort. This state was said to be a "*bad cold*" of a few days' standing; the symptoms were those resembling common influenza or catarrh.

*Autopsy, 18 Hours after Death*—The weather being very cold. The thorax was first examined; the lungs were healthy; the pericardium contained about two ounces of serum, in other respects the heart and its appendages were in a normal condition. Anterior to the trachea and near its bifurcation, was felt a tumor, which on being removed proved to be about the size of a hen's egg, hard, and unyielding, composed or formed of several glands united by a fibro-cartilaginous substance somewhat granulated in appearance. Many of the glands in the vicinity of this tumor were also enlarged and indurated. The irritation and compression of this tumor directly upon the air passages would seem to quite satisfactorily account for the cough and catarrhal symptoms. On opening the abdomen, the peritoneum was found deeply injected, and showed marks of intense inflammation; a small quantity of serum was effused into the abdominal cavity; the anterior folds of the small intestines and the fundus of the uterus, showed marks of inflammation. The uterus was not quite as well contracted as it should have been; the spleen was about three times its natural size and weight, hard, brittle, and easily broken down with the fingers. The other organs of the abdominal cavity were healthy. The head was not examined.

*Queries and Remarks*.—This woman was sold under a guarantee of soundness; under the circumstances, ought the seller or buyer to be the

loser? Did the tumor in the thorax have any influence in causing the death of the patient? If so, how much, and in what manner was this influence manifested or exerted? The woman was evidently unwell at the time of sale, and must have been so for weeks, if not months. Was this unsoundness immediately or remotely the cause of death; an exciting or predisposing cause of puerperal fever? These questions I shall leave unanswered for the present.

This was a case terminating more suddenly fatal, and passing through its different stages quicker, than is often noticed. The pathognomonic symptoms of the disease were more obscure and less appreciable before death than is commonly observed. I have thought the case worthy of being reported on account of its rapid progress to a fatal termination, the obscurity of its symptoms, and the medico-legal questions that may arise in the controversy that will probably ensue in court.—*New Orleans Medical Journal.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, SEPTEMBER 3, 1845.

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*Influence of Tobacco on Health.*—It is well known that two or three years since an investigation was made, by order of the French Government, into the effects of tobacco on the health of the workmen employed in the tobacco manufactories in France. The results of this investigation, tending to show that tobacco was in no ways hurtful to those who were exposed to it nearly their whole lives, have already been given in this Journal. The reports of the investigating committee were handed over to the Academy of Medicine, and a committee was appointed by the Academy to examine the whole subject. Instead of trusting altogether to the documents in their possession, this committee have examined anew the large Government manufactory in Paris, which gives employment to 1200 or 1300 people—the whole number of workpeople in the ten factories in France being about 6000. A very thorough investigation was made by this committee, every step being taken calculated to throw light on the subject, and a report has lately been made by them to the Academy. The results of the inquiry, as shown in this report, are somewhat different from those deduced from the former reports—the difference consisting principally in the Academy's committee finding that the human system continued to be operated on by the tobacco emanations after the initiatory symptoms had disappeared. It is stated that—

“All, or nearly all, workpeople, on their first admission to the manufactory, experience certain symptoms; cephalalgia, nausea, anorexia, insomnia, and often diarrhœa. Generally speaking, these symptoms disappear in the course of eight or fifteen days. With some they do not give way at all, in which case they are obliged to leave the manufactory. The symptoms are more marked in women than in men. When once they have ceased to manifest themselves, the workpeople seldom complain, and



are considered acclimated. In reality, however, they continue to experience the effects of the tobacco, as is proved by a change that takes place, in the course of time, in the color of the skin. It gradually assumes a peculiar grayish tinge, which may be said to occupy a medium between the paleness of chlorosis and that of other cachexiæ. This change does not usually take place in less than two years. It may be remedied, like chlorosis, by the preparations of iron, and appears to be owing to some modification that has taken place in the blood, under the prolonged influence of the tobacco. A fact, which seems to show that the blood is modified in these workpeople, is, that when it is abstracted it is seldom buffed, so that it would seem to be partially deprived of its fibrin. Plants (a rose-tree and a primrose) exposed to the emanations of the tobacco, in the work-rooms, died down to the roots, but new shoots sprang up, which seemed endowed with considerable vitality. It appeared as if, like man, they suffered at first from the action of tobacco, but subsequently became inured to it. An orange tree was not injured. Rabbits and birds remained a long while in rooms containing tobacco in a state of fermentation, without being, apparently, inconvenienced.

“From what precedes, it is evident, says the Committee, that the manufacture of tobacco is not a dangerous occupation; at the same time it cannot be considered innocuous. It exercises an evident influence over the health of those who are employed in its manufacture, both at first and at a subsequent period. These effects are, however, diminished by the extreme attention paid to the hygienic arrangements in the royal manufactories. It is impossible, at present, to give an opinion as to whether this kind of labor shortens life; first, from the continued change which is going on in the manufactories, and second, from the want of statistical documents. There are many old men to be found in them, some of whom have worked there from their youth. Most of them, however, seem to be laboring under asthma, or from shortness of breath.

“With reference to any beneficial influence which tobacco may exercise, the Committee state that the workpeople are by its action protected from, and cured of, rheumatic and neuralgic affections. It is also stated, that the manufacture of tobacco preserves them from intermittent fever, and probably from other epidemical diseases, such as dysentery, typhus, &c. Scabies is not met with, and other diseases of the skin are rare. As to phthisis, the Committee does not seem to adopt the views of those practitioners attached to the tobacco manufactories (five out of ten) who think that the tobacco exercises a decided preservative influence over the workpeople. Inquiries, however, are now going on, which will throw considerable light on this question.”

An interesting debate on the whole subject has been elicited from the Academy by the Report of the Committee—one member having noticed asthmatic symptoms among the workmen in smaller tobacco establishments—and probably further facts will be brought to light, though a more favorable opportunity for investigation is rarely offered than was presented to the Committees of Paris.

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*Massachusetts Medical College.*—On the first Wednesday in November, the annual course of medical lectures in this well-established institution will commence. The present faculty have so long been identified with

the science of medicine in New England, that any observations upon the individual qualifications of the professors would be entirely superfluous. Their experience and long-trying faithful services are extensively acknowledged.

"Taking into view the amount of instruction given in this school," says the circular, "the splendid and extensive apparatus with which it is furnished, its connection with the numerous cases and operations with one of the best conducted hospitals in the United States, together with the general thorough acquisitions and high respectability of its graduates, it may be doubted whether any seminary in the country offers the means of a more complete professional education, than may be obtained in the Medical School of Boston."

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*Transactions of the Massachusetts Medical Society.*—Within a short time, Part IV. of Volume VII., being the Second Series, Volume III., Part IV. of these Transactions, has been distributed. It is admirably printed, on good paper, and with a type that does one's eyes good instead of harm, to look at. Dr. Walker's discourse on the treatment of compound and complicated fractures, occupies a large part of the present number. An appendix follows, that embraces all the proceedings of the Society at the last meeting, together with a catalogue of all the officers, the counsellors and censors of the different districts, &c., besides reports of committees, and such matters generally in relation to the doings of the association as must always be of interest to the members both in the city and country.

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*Philosophy of Medical Science.*—Reference was made in the Journal, some weeks since, to a review of Dr. Bartlett's work on the Philosophy of Medical Science, in the Southern Literary Messenger for June. Within a few days, through the kindness of some unknown correspondent, the No. containing the article alluded to, has come to hand, and thus an opportunity has been afforded for its perusal. In the notice referred to, we gave the name of Mr. J. S. Allan as that of the writer to whom the profession is indebted for a most brilliant, racy, and really admirable paper. Instead of confining himself strictly, however, to reviewing Dr. Bartlett in the way of pointing out excellences, and showing up faults, the Shenandoah critic (for report says he resides in that lovely valley) has produced a masterly dissertation on inductive philosophy. There is a freedom of style, a kind of flexibility in the sentences, that is altogether charming. One who writes so well, and so learnedly too, on the great powers of Lord Bacon, cannot be ignorant of the character and influences exerted on the reflecting part of mankind, by subsequent philosophers, through the period of two hundred years. We thank the gentleman for the entertainment and instruction he has afforded us individually, believing that others feel an equal degree of personal gratitude.

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*Missionary Hospital at Shanghai, China.*—Dr. Lockhart has furnished a few statistical facts illustrative of the immense value of hospitals to the Chinese. The last communication is under date of July 15th, 1844—more than a year ago, but none the less interesting to the philanthropist.

It is nearly time to have further particulars. For the rent of suitable buildings—all together called the Hospital—the Medical Missionary Society pay one half. "The number of individual patients," says Dr. L., "that have been attended to, down to the end of September, namely, during eight months, amounts to 8000 persons; many of these have come from the city and suburbs, but the chief part of them came a distance of several miles, from the towns and villages in its vicinity. Many also came from Soochow, Sangkiangfoo, Chin-Keangfoo, and various places along the banks of the Yang-tsze-Keang; and a few have come from Nanking. Indeed, as perhaps might be expected, the longer the work is carried on, the greater are the distances persons travel seeking for medical relief. Those who come from a great distance frequently join together and hire a boat, by which they travel, using it also as their lodging while they remain under treatment: fourteen persons came a few days ago, and at present there is a party of five respectable men living in the house who have come 200 miles. The average daily attendance is about 100, occasionally 140 or 150; besides these there are 20 patients living in the house, who, with their friends, the hospital servants and domestics, make an assemblage of between 30 and 40 every morning at family worship."

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*Medical College of Ohio.*—In March last, 47 gentlemen took the degree of Doctor in Medicine at this Institution. A prospectus for the next course of lectures has appeared, showing that ample and satisfactory preparations have been made for the coming season, which opens at Cincinnati the first Monday in November. Dr. Mussey, of the chair of Surgery, was in Boston last week. Dr. Locke, the professor of Chemistry, is much distinguished for his attainments in a department that should always command the respect of the medical profession.

"Cincinnati," says the Dean, "presents several prominent points of attraction to the student of medicine, who is earnestly devoted to the prosecution of his medical education. First, most abundant material for anatomical investigations is at hand during the winter. Second, the cheapness of living is unsurpassed in any of our larger towns. Third, the finest field for the study of practical medicine and surgery is presented in the large hospital, which, on an average, contains from 150 to 200 medical and surgical cases each day of the year. Over 1500 were treated within its wards during the past year."

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*Improvement of the Insane in England—Cretinism in Switzerland.*—A society for improving the condition of the insane was organized in London, in April, 1842, which has since offered premiums for dissertations. Twenty guineas were given for the best essay on the distinction between crime and insanity; and another of ten guineas for the best form of keeping cases of mental disorder. In 1844-5 a premium for the best essay on the pathology and treatment of puerperal insanity is to be given; and one for the second best on the same subject.

At Abendburg, near Interlachen, a Dr. Guggenbulh has established an institution for the cure and education of cretans—a deformed, imbecile class of beings in the valleys of Switzerland.

*Medical Distinction.*—A case of some small consequence in regard to the rights of a medical pretender, to collect fees for services, was recently tried in the Court of Common Pleas in Boston. The plaintiff, one Dr. Lambright, says the Boston Post, thus speaks of himself in a printed bill which he sends round the country:—"Dr. L. has *diplomas* from the emperors of France, Russia and Germany, where he has practised with unequalled success. He was for several years *head surgeon* in the French war under Napoleon Bonaparte, and also in America under Jackson"!!

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*Caledonia Springs, Canada.*—E. S. de Rottermund, Esq., Government Chemist, is now at these Springs prosecuting the analysis of the waters. His visit is in connection with the geological survey of the Province. From the experiments he has already made, he says that the waters are of a still more valuable character than indicated by the analysis formerly made by Dr. Chilton. Each spring he finds to possess a different medicinal power. One, is iodine; the second, saline-magnesia; and the third (and only one), contains sulphuretted-hydrogen gas. Hence it may be fairly inferred, that the Caledonia Springs consist of three distinct waters; and not of one, as might be supposed from the analysis of Dr. Chilton.

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*Braithwaite's Retrospect.*—No. 11 of this popular synopsis of discoveries and improvements in the medical sciences, embracing the time from January to July, 1845, is ready for the public. We are glad that Mr. Adee, of New York, the publisher, meets with substantial encouragement in the enterprise. Those who have become acquainted with the character of the Retrospect can properly appreciate the service he is doing the profession of this country by his re-prints.

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*West Feliciana Medical Society.*—A meeting of the practitioners of medicine and surgery was held at the Court House in St. Francisville, La., on the 14th of June, for the adoption of rules and regulations for a medical society. A committee, previously charged with the duty of digesting a plan of association, on this occasion made a report, which was adopted. On the subject of medical ethics, the second article makes provision for organizing a committee of honor, whose duty it shall be to receive applications for membership, take cognizance of professional conduct, &c. Article third regards etiquette, &c., and makes ample provision for keeping the peace, provided it should so happen, in the course of events, that any member encroaches upon the rights of others. A synopsis of this subject, by Dr. Cartwright, of Natchez, was introduced almost without alteration, as embodying all that was desirable in medical intercourse. The committee, who have acquitted themselves so satisfactorily in the report, were Drs. Samuel P. Jones, D. B. Gorham and P. B. McKelvey. The latter gentleman was elected President, and Dr. G. W. Prunelle, Recording Secretary.

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*New Hampshire Medical Society.*—The Fellows of the N. H. Medical Society held their fifty-fifth annual meeting in Concord on the 12th day

of June, 1845. The meeting was very fully attended. The President, Dr. Batchelder, of Marlborough, read a very able and interesting address on the Duties of Physicians. Dr. Peaslee, of Hanover, and Dr. Carr, of Goffstown, read each a well-written essay on subjects connected with medical science.

The following is a list of officers for the ensuing year:—Dixie Crosby, *President*; Peter P. Woodbury, *Vice President*; Charles P. Gage, *Secretary*; R. P. J. Tenney, *Treasurer*.

*Counsellors*.—N. Wight, E. K. Webster, J. W. Cowan, J. H. Smith, G. W. Twitchell, S. Cummings, A. O. Dickey, E. R. Peaslee, J. Crosby, T. Brown, J. Bartlett, E. B. Gale, F. P. Fitch, H. Eaton.

*Censors*.—H. Dickey, C. T. Berry, C. F. Elliot, P. A. Stackpole, E. B. Hammond, A. Smith, A. Twitchell, J. Batchelder, D. Crosby, M. C. Sawyer, D. Flanders, Z. Colburn, T. Bassitt, T. Brown.

*Corresponding Secretaries*.—J. C. Eastman, Hampstead; T. Wallace, Derry; J. Batchelder, Marlborough; E. R. Peaslee, Hanover; J. Crosby, Manchester; J. B. Abbott, Saubornton; E. Spaulding, Nashua.

*Delegates to Hanover*.—J. G. Graves, T. Chadbourne.

*Orators for 1846*.—J. G. Graves, A. Smith.

*Substitutes*.—P. P. Woodbury, S. Cummings.

The following were elected Fellows, viz.: William Adams, M.D.; E. B. Hammond, M.D., Nashua; S. Sargent, M.D., Pittsfield; Jeremiah Gates, M.D., Concord; Campbell, M.D.; D. J. Hoyt, M.D., Manchester; H. E. Weymouth, M.D., Andover; B. H. Tripp, M.D., Concord; T. H. Currier, M.D., West Boscawen.

Edward E. Phelps, M.D., Oliver P. Hubbard, M.D., and Joseph Roby, M.D., Professors in Dartmouth College; and Samuel D. Gross, M.D., Professor in the Louisville Medical Institute, were elected honorary members.

The memorial of Dr. Isaac Tewksbury, of Hampstead, who was expelled at the last annual meeting, was indefinitely postponed.

*Mesmerism in Ohio*.—In the war of rival quackeries, I am sorry to find that therapeutic mesmerism has been "knocked down and dragged out." Whether it is dead or only in a state of somnambulism, I cannot say, and nobody seems to care. In fact, it appears to be forgotten. This is a great pity, and I hope some one of our mesmerizing readers will be able, by the force of his will, to rouse it into life and action, that it may again take its chance among the grosser charlatanries of the day. If not the least absurd, it is certainly the most harmless of the whole—the most spiritual—and the most auspicious to the tender relations, as it requires the doctor and the patient to be of opposite sexes. One might have thought that this requirement alone would have made it fashionable and preserved its life.—*Dr. Drake's Travelling Letters*.

*Hooping Cough*.—A correspondent at Ipswich says—Seeing some useful remarks by Mr. Waddington, in the *Lancet* for June 21st, on this distressing complaint among children, I beg to call his attention, as well as that of the profession generally, to the speedy relief afforded by the following simple remedy, viz., from fifteen to twenty drops of diluted sulphuric acid, P. L., mixed in a teaspoonful of moist sugar, taken three or four times a day. I sometimes prefer giving an ounce of this "elixir" in a

pint of water, with two ounces of simple syrup; the dose, a tablespoonful three or four times a day. This popular remedy has been found so useful here, during the last two or three years, as to be considered almost a specific. Permit me also to take the opportunity of calling the attention of the profession to the great utility of emetics, particularly sulphate of zinc, in all cases of *asphyxia*, or suspended animation, as well as in convulsions. —*London Lancet*.

*Periostic Tumor, the result of Stumps of Teeth remaining in the Jaw.* By H. C. VANDERPANT, Esq., Surgeon-dentist, London.—A few months ago, I had under my care a case of severe disease of the upper jaw, produced by caries of the fangs of teeth, which the patient had neglected to have extracted, from apprehension of the suffering. The patient was a female, aged 42. When I first saw her, the features were greatly distorted, the mouth pushed to one side, and her speech rendered imperfect, from a tumor as large as a moderate-sized orange, situated in the upper jaw, and which appeared to arise from expansion of the walls of the antrum. There was a considerable offensive discharge of sanious matter, and the tumor was exquisitely sensitive. From the size and hardness of the tumor, I at first thought it was a case of pure exostosis, but the result of treatment ultimately proved it to be one of periostosis. I first extracted the diseased fangs, and lanced freely the surface of the tumor. I continued to lance the gum over the tumor every third or fourth day, for some weeks, and the result was always a copious discharge of pus and blood. The size of the tumor gradually diminished under this treatment, the features regained their natural shape and expression, and her health, which had previously been impaired, began to steadily improve. After about two months of treatment she recovered thoroughly.—*Ibid*.

*Medical Miscellany.*—One officer and thirteen seamen of the U. S. Frigate Constitution, had died, at the last accounts, at Singapore.—Sarah Peachors died at Beaufort, N. C., at the age of 107.—A Bokhara worm, over three feet in length, has been extracted from the wrist of the Rev. Dr. Wolff, the intrepid traveller.—Hon. Daniel Waldo, late of Worcester, Ms, in his will, gave the Massachusetts General Hospital, in Boston, \$40,000; the Massachusetts Charitable Eye and Ear Infirmary, also in Boston, \$6,000.—Dr. Trowbridge, of Watertown, N. Y., has recently opened the bone, in two cases, and instantly relieved the deep-seated pain caused by an inflammation of the periosteum internum, in children, induced by bathing.

MARRIED,—Dr. John Osgood, of Saxonville, Mass, to Miss E. W. Whitney.—In Cummington, Mass, Dr. Charles E. Bartlett, of Pittsfield, to Miss Cordelia Kingman, of C.

DIED,—At Gerry, Va., Dr. Alexander Austin, 28, found dead in bed, from an overdose of landanum.

Number of deaths in Boston, for the week ending Aug. 30, 65.—Males, 32; Females, 33. Stillborn, 5. Of consumption, 3—disease of the bowels, 9—old age, 2—smallpox, 1—cholera infantum, 8—scrofula, 1—delirium tremens, 1—typhus fever, 4—diarrhœa, 1—infantile, 5—accidental, 2—cholera morbus, 1—hooping-cough, 3—dropsy on the brain, 3—canker, 2—inflammation on the brain, 1—paralysis, 1—inflammation on the lungs, 3—scarlet fever, 3—marasmus, 1—debility, 1—dropsy, 2—suicide, 1—worms, 1—convulsions, 2—mortification, 1—drowned, 2.

Under 5 years, 39—between 5 and 20 years, 5—between 20 and 60 years, 18—over 60 years, 3,



*Proceedings under the Vaccination Act in England.* (From the Poor-Law Commissioners' last Report.)—It was with regret that we perceived, last year, from the Registrar-General's Quarterly Tables of Mortality, that the deaths from smallpox continued on the increase, notwithstanding the extent to which vaccination was carried on throughout England and Wales.

Towards the end of the year we caused returns to be transmitted to us from the several unions and parishes, stating the numbers vaccinated during the year ending 29th September, 1844. We have since received returns from 542 unions and parishes.

The births in the 542 unions from which returns were received (after estimating the births for those unions the returns for which were imperfect) amounted to 452,000. Of the children born in 1842, about nine per cent. died under the age of three months. Assuming, therefore, that the ratio of deaths under that age in the 542 unions, during the year ended 29th September, 1844, was the same; 39,300 children died in that year *before* attaining the age at which vaccination is usually performed. This leaves 412,891 children to be vaccinated in the year. It appears that there were about 290,000 persons vaccinated by the public vaccinators, leaving only about 122,400 children to be vaccinated by private medical practitioners, and at public institutions.

Whenever we found that the births in any union greatly exceeded the numbers vaccinated, we requested the guardians to call the attention of the vaccinators to the subject, with a view to further extend vaccination in their districts; and where few or none had been vaccinated at the appointed stations, we suggested that the vaccinators should visit the poorer classes, for the purpose of vaccinating any unvaccinated children. We have also the satisfaction of learning, from the vaccinators, that although many of the more ignorant are still averse to their children being vaccinated (from the apprehension that other eruptive diseases may thereby be communicated to them), the prejudice does not now prevail to so great an extent as in previous years.

The public vaccinators return 3,954 cases of smallpox attended by them during the year, out of which they state that 1,283 were previously vaccinated.

Of the 290,000 persons vaccinated, the vaccinators returned 278,000 as successful; so that, of the total number vaccinated, only four per. cent. proved unsuccessful.

The mortality from smallpox in England and Wales, during the years 1840, 1841, and 1842, was as follows:—1840, 10,434; 1841, 6,368; 1842, 2,715.

The fees paid to the public vaccinators in England and Wales, during the year ended 25th March, 1844, amounted to 16,694*l.*, being an increase of 675*l.* upon the amount paid in the previous year.

The Vaccination Act in Ireland, although not duly carried into effect by the guardians of many unions, has nevertheless obtained a wide and beneficial operation, which we trust is in course of gradual extension. The amount expended for vaccination, in the year ending 29th September, 1844, in all the unions in Ireland, exceeded 4,000*l.* The usual rate of payment was 1*s.* on each successful case, for the first 100 cases in the year; and 6*d.* on each successful case, for the remainder.

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DR. COALE'S PRIZE DISSERTATION ON FRACTURES.

[Concluded from page 95.]

*Constitutional and Local Treatment.*

WHERE such violence is inflicted as to fracture any bone, local trouble to greater or less extent supervenes, and where a bone the size of the femur is the subject of the injury, this trouble is not trifling. With it also there is consequent constitutional disturbance. Both of these demand our care, and frequently exercise our skill far more than the adaptation of a splint and the preservation of extension and counter-extension.

*Constitutional Treatment.*—Under this head all rules must necessarily be very general, and much must unavoidably depend upon the tact and judgment of the physician, rather than upon any indications or warnings that can be given him. We do not feel that it is required of us to give any directions, except those called for by conditions and emergencies proper and peculiar to fractures. We leave many things to that knowledge of general principles which the surgeon must have acquired long before he is qualified to take charge of a case of fracture, and without which much that we have already written must have but little perspicuity. We will therefore leave the collapse frequently caused by the severe nervous impression made by the injury, to be treated as all collapses should be—by properly directed and apportioned stimuli.

The simple febrile excitement does not require our attention further than to bring to mind one fact, viz., that when we use depletions in compound fractures we must remember the demand about to be made upon the recuperative powers, and with this in view we must carefully estimate how far depletives can be carried. As a general rule, not only the safest but most rational plan is to proceed slowly, using gentle and often repeated remedies rather than harsh ones. Venesection is in most cases of compound fracture required once, but a repetition should be avoided if possible, and recourse be had in preference to tartrate of antimony and nitrate of potash. These can generally be so managed as to be efficient without distressing our patient, and their effects can be more readily controlled or stopped entirely when circumstances require, whilst the prostration from loss of blood we well know is often the cause of the most distressing and dangerous features in the constitutional symptoms attending violent injuries.

Having allayed, by proper depletives, the febrile symptoms, there still frequently remains a nervous crethism, which though not of itself dan-

gerous, often becomes very troublesome, and indirectly tends to protract the confinement of our patient. It is evidenced by his being readily excited by trifles, depression of spirits, occasional chills, but unattended or followed by febrile symptoms—sleeplessness, or very light sleep with depressing dreams. Indirectly—the result of the moral impression—there may accompany this condition, anorexia, distinctive from that attending the febrile action.

In this state we must first assure ourselves that we are not restricting our patient too much in diet. Having ascertained that this is not the case, we must begin by opening the bowels thoroughly, but at the same time guard against prolonged purging, which would weaken the patient and confirm the very trouble which we were desirous of removing. As there is almost always attendant upon it more or less inactivity of the biliary secretions, indicated by a slight furring of the tongue and bad taste in the mouth in the morning, we shall serve two ends if we commence by the administration of eight grains of blue pill with one of opium at night. The next morning there may be already an effort of the bowels, or at least premonitory warnings of one, by the violence of which we must be governed as to the quantity of the aperient we feel permitted to exhibit. As a general rule, a simple Rochelle powder will answer all our purposes both as to kind and degree.

It is possible that such an aperient may effect all our object; but should it not, we must resort to sedatives—or, rather, as the French say, to “calmants.” Where it is sufficient, we prefer the simple decoction of hops, administered, not merely by the general direction “at bed-time,” but waiting *until the house is quiet*. To an old practitioner the value of this apparently over-nice distinction is at once evident. To one whose experience has not yet taught him this, we would only say that after the administration of an opiate,

“The calmest and most stillest night,  
With all appliances and means to boot,”

may make the difference between a visit of “Nature’s soft nurse,” refreshing and invigorating—and a night spent in anxious and exhausting excitement.

If the decoction of hops prove insufficient, recourse must be had to opium or its preparations. Of these we prefer McMunn’s elixir as it does not constipate, and with this we have been in the habit of combining the wine of ipecac., giving fifteen or twenty drops of the latter with a dose of the former, apportioned to the patient’s susceptibility—beginning, of course, with the smallest efficient quantity. We have thought that the wine of ipecac. lessens the exciting properties of the opium, and prevents the patient from feeling a corresponding depression and headache the next day. As an adjuvant to the opiates, if for nothing else, we may use sponging with warm water at bed-time, putting enough castile soap into the water to thoroughly soften it.

Having subdued the febrile and nervous excitement, there still remains a demand upon the surgeon’s care to prevent constipation, to regulate diet, and to attend to the personal cleanliness of the patient.

With regard to the bowels, it is not enough to feel that we can open them when we choose, and therefore suffer them to go without an evacuation for two or three days, and exhibit a purgative at the end of that time. We must try to *prevent*, not comfort ourselves with *curing*. We must try to imitate nature in the frequency and kind of evacuation. Diet properly managed may do all we want. Hasty pudding and molasses, stewed apples or other fruit, new cider—if all circumstances allow it—should be tried, though a drawback to their prolonged use is occasionally found in the flatulence they produce. If we resort to medicinal means, the saline purgatives in most cases should be avoided, as they merely evacuate but do not cure the costive tendency. Rhubarb we prefer, giving it either in powder or syrup, or letting the patient chew enough of the root every morning to produce the desired effect. His own experience and that of the physician must regulate the quantity to be administered. Next to rhubarb the freshly powdered senna will serve our purpose. This can be made into an extempore electuary with molasses, or put into a fig and chewed up. This latter method of its administration is most pleasant and agreeable, and one of which we have had much experience in cases of habitual constipation and hemorrhoids. Another form of administering senna is to make a strong decoction and then stew up some prunes in it. In both these forms the taste is scarcely perceived, and not sufficiently to offend even a delicate stomach. Beyond the above suggestions we leave the reader to his own knowledge of the material medica.

The personal conveniences for evacuating the bowels have been always a matter of some concern in treating fractures of the femur, and many of the fracture beds have been much extolled for the facilities they furnish in this particular; but our object is to suggest means at the command of every one. The old-fashioned bed pan has been our chief resource, but it is uncomfortable and difficult to use. A sheet with a hole in it, by which the patient can be lifted up bodily, has been suggested; but it requires more aid than can often be commanded. The best contrivance that we have seen is an India-rubber air cushion with a hole in the centre. Beneath this is placed a shallow pan of metal or earthen ware, the edges of which are protected by the cushion. These are readily introduced, and are very comfortable; they can, moreover, be procured when Earle's bed, and the dozen other contrivances, all excellent in their way but seldom seen except in print, would be entirely out of the question.

The result of both study and experience in diet is, that more must be left in this matter to the observation and judgment of the attending surgeon than in any other particular. In the first period of treatment, during the high febrile action, the diet of course should be rigid—we may say severe—particularly in compound fractures; but this period being passed, we have a somewhat narrow course to steer. While on the one hand, making allowance for the impairment of the assimilative functions by the inactivity of the patient, we must restrict him in diet, on the other we must be careful not to furnish less food than is sufficient to support nature

and give her material to accomplish the mending process—without which, an artificial joint and other complications might result.

As regards the *form* in which the food should be given, we would make this distinction. In chronic affections, where the tone of the stomach is lessened, we have always preferred giving it in a concentrated form—a cubic inch of beefsteak rather than a bowlful of sloppy broth. The stomach is not then distended, its juices are undiluted, and digestion is favored. With most cases of fracture we have a strong stomach to deal with—its functions almost wholly unaffected. It consequently has much craving which demands relief, and yet which it would not answer wholly to gratify; we must therefore cheat it, and this is best accomplished by largely-diluted aliment. Feed the patient upon bowlful of gruel, tea and toast, panada, tapioca, thin broth, &c. All these are “very filling,” and yet not exciting. In cases of protracted suppuration from compound fractures, our treatment must be different, and high seasoned and very nutritious diet, with an allowance of wine or tincture of bark, may be necessary, though this must be determined by him in attendance—further we cannot dictate.

The personal cleanliness of the patient scarcely becomes an object of surgical attention, except in prolonged cases of severe compound fracture, though it is always a matter of some care to renew the sheets beneath him, and keep the mattress in a comfortable condition. To effect these ends much may be done by a sensible nurse. The old story of the Hindoo thief may serve as a lesson. He engaged for a wager to steal the sheet from beneath a sleeping officer. He commenced by rolling it up very tightly until close to the person of the sleeper, whose distant side he then tickled with a straw, which made him turn over, off of the rolled-up edge. By similarly rolling up the sheet (but omitting the tickling process) we may remove it and replace it by like manœuvring with another.

We saw a very ingenious, efficient and simple machine some time since, which we think might be used more frequently than it is. It was invented by a mechanic of Pennsylvania (we believe) who had broken both thighs. It consists of a simple windlass beam of uniform diameter, supported at each end by an upright and long enough for one of the uprights to stand at the head and the other at the foot of the bedstead. These uprights had transverse feet sufficiently long to prevent the machine from upsetting, and furnished with large castors so as to wheel about readily. To the windlass were attached six or eight pieces of common girthing. When used, the whole affair is placed so that the windlass is directly over the patient. Each piece of girthing is then successively passed under him, and the end brought up to a buckle on the respective piece, where it is buckled tight enough to give it its proportion of the weight of the body. One piece thus supports the head, another the neck or shoulders, a third the chest, a fourth the waist, &c. By turning the windlass, which in order to gain power is done by the intervention of a pinion and crank, the person is raised without straining a single muscle or the slightest exertion on his part, so much so that we have seen a

patient in the last stage of confluent smallpox thus suspended with ease and comfort, whilst cleansing his bed from the discharge of a bed sore. The simplicity of the machine readily permits its being made upon emergency by any intelligent mechanic.

A very simple substitute for this, and one which ought to be adopted in all cases, is to suspend a line, rather larger in diameter than a clothes line, from the head to the foot of the bed, at such a height as to permit the patient to take hold of and raise himself by it.

*Local Treatment.*—As with constitutional, so with local treatment of fractures—but few if any implicit rules can be laid down. In all fractures, soon after the receipt of the injury there is more or less pain and swelling, indicating an inflammatory condition, and until this condition ceases there is no attempt at reparation; it is therefore our object to shorten its duration as much as possible. With this view, in fractures of the forearm and leg we prefer doing nothing more in the way of surgical appliance for the first few days than simply supporting the limb on pillows. In fractures of the femur, from the weight of the limb and its great impressibility by every motion of the body, in most cases we are forced to use other means of steadying it; but although we may use a splint for this purpose, we need not concern ourselves about *setting* the bones until the local inflammation is subdued. Even the old writers perceived the benefit of such a course, and the observations of the most judicious of the modern writers testify to it. It is true that in the present day, when the right of private opinion is asserted by every one no matter how ignorant, we are sometimes forced by the folly of those we have to deal with, into making a pretence of setting the limb, and for their safety, into deluding them with the idea that we are doing much, whilst we are only waiting for Nature to pursue her excellent and seldom-failing work.

If the injury is limited to a simple fracture of the bone, a cloth kept wet with a mixture of equal parts of spirit and water will be sufficient to allay the inflammation, though if the pain be great we may combine with this either the tincture or infusion of opium. Leeches are rarely required except when severe contusion accompanies the fracture.

In compound and comminuted fractures and those from gunshot, our task is not so simple. Here a grave question immediately arises—can we save the limb? and it is of importance in every instance that we should answer this at once—for on the one hand by delaying, in hopes of avoiding an operation, we may find when too late that our patient's vital forces are not sufficient to repair the injury done; and on the other, we may unnecessarily deprive him of a limb. What rules have we, then, for directing us in so important a case? Few—those general, and none inviolable.

The extent of the injury would of course be the first consideration, yet we cannot define those effects an excess over which would make the removal of a limb imperative. The vital powers of the patient is the next item that concerns us, for what would be a trifling injury with one, would be a serious one with another of less ability to endure. Wounds of the arteries and implications of the joints much increase the



gravity of the affection. We can only state these principles, but make no closer application of them ; and did we expatiate on them for pages, we would have at last to refer the question for decision to the judgment of the practitioner, influenced by them it is true, but still more affected by the study of the particular case. Our want of knowledge on this point is truly humiliating, for we almost daily hear of cases which put at defiance the judgment of the most aged and experienced of the profession, and thus become opprobria to our art. One occurs at this moment.

CASE.—A man received a kick of a horse upon the middle of his leg, causing a compound comminuted fracture of both bones, three inches of each of which were at once removed in small pieces from the bottom of the wound, a large, deep and extensively lacerated one. His habits were irregular and his constitution far from being good. His surgeon—a patriarch—said the limb must come off; he said he would die first. He took six ounces of bark and then a half bottle of port wine daily, and at the end of three months got well with a leg three and a half inches shorter than the other, but a leg of flesh and bone with a knee and ankle-joint, instead of a wooden one without. Here was a heavy charge set in the minds of the man and all his unprofessional friends to the debit of surgery. Yet we would have no right to use the case as a precedent, or avail ourselves of it as an infallible guide for the future.

Jno. Bell, in the edition of his surgery by Sir Charles, goes largely into the matter, but after all states nothing more than that if you can save a limb so as to be useful, without too much endangering life by exhaustion from constitutional irritation and profuse suppuration—*do it*. The qualification that the limb should be useful must be noted. The annual address for 1845 before the Mass. Medical Society, delivered by Dr. Walker, of Charlestown, was devoted to this subject, and contained the results of the great experience of the author. The tendency of his remarks was to show that limbs are frequently removed which might be saved.

Leaving the question, we will assume that the limb can be saved—how can we further such a happy termination? We must first support the limb carefully and thoroughly. If we can do this without splints, so much the better; and hair pillows judiciously arranged, and covered with India rubber cloth for the sake of cleanliness, will do well, but we consider the bran dressing suggested (we believe) by Dr. Hartshorne and used at the Pennsylvania Hospital for more than twenty years past, as far preferable. This consists in laying the limb in a long box or trough of proper size, containing common bran in which the limb is half imbedded. The bran furnishes a soft yet firm and equable support both for its under and lateral surfaces, in addition to which, it absorbs the discharge, and when befouled the offensive portion can be removed without the slightest derangement of the remainder or disturbance of the limb.

When the bone protrudes through the flesh, we must reduce it before placing the limb upon the pillow or in the bran; and to effect this, it may be necessary to subject it to considerable flexion or other movement at the point of fracture, in order to permit the bone to be drawn within

the skin in the same direction in which it was protruded. All such motions, it is needless to say, must be as gentle as possible. If such efforts as we deem justifiable are fruitless in consequence of spasm of the muscles, we must not be impatient, but put the patient under the influence of an opiate, and repeat our endeavors, when if they are still unsuccessful we may saw off the projecting bone, removing of course as little as possible. Should the bone be comminuted, the loose pieces must be cleansed away as well as the coagulated blood, pieces of clothing, dirt, and everything which would tend to irritate the part. Having reduced the wound to its simplest form and taken the requisite measures to arrest hemorrhage (not a common trouble), we must next furnish such local support as will keep the lacerated flaps in place. This is much better done by judiciously disposed compresses and bandages than by sutures, which can rarely be used to advantage in these injuries, as it is by second intention alone that reparation is effected. The bandage to be used is, without hesitation, that of Scultetus; its permitting any portion to be removed without disturbing the remainder or the limb, giving it an undeniable advantage.

The best material for the compresses is old linen—being preferable to patent lint, as it leaves no shreds sticking to the wound or entangled amongst the new and tender granulations.

Our next consideration is, what remedial applications shall be made to the wound. The most frequently and long used are warm poultices of Indian, rye, oat, flaxseed or slippery elm meal, and the objects and effects of these are too well known to require us to dwell upon them—nor do they differ in their action sufficiently to make us expatiate on the excellence of one over the others. We would only say, upon this last point, that the slippery elm is more bland than the others, and where there is much irritability it might be used in preference.

When mortification is threatened, we must substitute for the above the fermenting poultice, composed of equal parts of Indian meal and powdered charcoal, mixed with yeast or new beer. With all these poultices anodynes may be combined—the hop or poppy leaves mixed in or powdered opium sprinkled over the surface just before applying them; and, indeed, they may be made the vehicle of any medicament which circumstances require—such circumstances and the appropriate medicament being too inconstant to require any more explicit detail here.

In applying a poultice it is a great object to keep it perfectly moist, until it is replaced by a fresh one. With this object they are frequently made large and their weight becomes painful, besides which it presses the lacerated parts out of apposition. All this may be avoided by making the poultice small, and placing over it a piece of oiled silk, which prevents evaporation and retains the moisture.

About fourteen or fifteen years ago M. Josse, Surgeon of the Hotel Dieu at Amiens, suggested the use of cold running water as a dressing in the place of poultices, and Breschet made an application of this to compound fractures. We have looked carefully for late testimony bearing upon a remedy which originally was vaunted as far surpassing anything

before in use ; but our efforts have been fruitless. The cases of Breschet are few ; to these Rognetta adds three. Another writer, whose name does not now occur, and whose paper cannot at present be laid hold of, gives four cases of amputation in which it had been tried, but with death in all. Still, we do not mean to condemn it, but merely give our verdict upon the question of its excellence as "not proven."

During the application of the splints we must not be content with being told that they do not chafe or pain the patient, we must look at the points of pressure as well as we can without deranging the dressings, and if we find any irritation produced, new and softer compresses should be introduced and the parts bathed with warm spirit or the tincture of soap and opium—or if chafed, should be wet three or four times a day with a decoction of catechu. This is much better than an unctuous application, and tends to harden the surface.

J. Cloquet describes, under the name of "local scurvy," an affection which sometimes attends fractures during their treatment in persons having vital powers below par. This shows itself in blotches varying from a pale red to a deep purple, attended with some little edematous swelling. These appear in the neighborhood of the fracture and also at the extremity of the limb, evidently the effect of atony of the capillaries. Bathing with hot spirit and gentle frictions are the best topical remedies for these, and we must see if the allowance of diet cannot be increased with advantage or the food given be made more nourishing.

Our care does not properly cease with the healing of the lacerations, the knitting of the bone and the removal of the splints. After these are accomplished there is frequently much tenderness and pain in the limb, or at least in parts of it, mostly around the joint, and a stiffness of the muscles and coldness of the extremity, particularly in old persons—which it takes months to remove. As remedies for the first of these, may be used gentle frictions, either with the bare hand alone or with the tincture of soap and opium. For the stiffness and coldness the same remedies may suffice, and in addition to these we may use—exercise, both passive and active, kneading and pinching the muscles (as the French call it "massage"), and bathing. Bathing may be used either by sponging, the douche, or by immersion. Sponging is best where the health is delicate and re-action difficult to bring on, or where we fear the effect of too violent re-action. Between the two other methods of applying a bath, our choice would rather be a consideration of comfort and convenience than a preference as a remedial agent ; or if there is a difference, it is that the shock is greater from the douche. The water must be tempered according to the powers of the patient, depressing its temperature only to such a degree as will permit ready re-action.

In cases of great rigidity, if we are very certain that proper union has taken place and that there is no other lesion, it may be necessary to subject the joint to violent passive motion, bending and extending it forcibly even though productive of pain to the patient. Any irritation so caused may be generally readily allayed by frictions.

Sometimes it may be necessary, in consequence of its lessened vitality

and depressed temperature, during the first month or two, for the patient to wear thicker clothing upon the limb; but this can seldom happen except with very aged persons.

We need scarcely add that in all locomotion for the first three weeks, crutches should be used, gradually transferring the weight from these to the lately injured limb, and accustoming its muscles to their former functions.

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In the Dictionnaire de Medecine, in thirty-two volumes, the subject is treated of under the heading "Cuisse," v. 9, by J. Cloquet and A. Bérard. To the article is appended a very copious bibliography by Dezeimeris. Of course it would be unnecessary to copy these bibliographies, but in our researches we met with much that was interesting with regard to the pathology and treatment of fractures of the thigh, and we therefore have concluded to give a reference to such articles as, from their being contained in periodicals or other collectanea of miscellaneous medical matter, might not very readily come under the eye of the reader.

#### *Fractures Generally.*

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Atmospheric Influences in.—Champeaux, "Comment l'air, par ses diverses qualités, peut influer dans les malad. chirurg.; et quels sont les moyens de le rendre salulaire dans leur traitement."—Lombard, "Comment l'air," &c., same title.—Another by Camper.

Exercise and repose in.—Reyne "Sur le mouvement et le repos."—Lombard, same title.—Camper, "Chirurgica de somni et vigiliæ indole, atque usu in morbis qui manu curantur.

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Mayor's Method of Treating.—Reviewed in *Bull. Gen. de Therapeutique*, 1832, by Tavernier—also in *Gaz. Medicale de Paris*, Jan. 5th, 1833.—Letter of Dr. Munaret to Mayor, *Gaz. Med. de Paris*, July 11th, 1835.

Earle on Fr.—Reviewed in *Med. Chirurg. Rev.*, Jan., 1824.

Laugier's New Apparat. for Infer. Limbs.—*Archives Gen. de Medecine*, March, 1833.

D'Arbent on Treatment of Fr.—*Bull. Gen. de Therap.*, March, 1833.  
—Also same No., another Essay—anonymous.

Cold Affusion in.—Rognetta, *Bull. Gen. de Therap.*, April, 1834.

Observations on Treatment of Leg and Arm.—Beaumont, Reviewed in *Med. Chirurg. Rev.*, Jan., 1832.

Immovable Apparatus.—Hippolyte Larrey's Paper on, *La Lancette Française*, 1832.—Bérard upon, *Archiv. Gen. de Med.*, June, 1833.

—Bérard's Remarks continued in *Archiv. Gen. de Med.*, Nov., 1833.

—Results of, at Hotel Dieu de Paris—Rognetta, *Gaz. Medicale de Paris*, Avril, 1834.—Answer of Rognetta to Questions as to Failure of, *Ibid.*, Oct., 1834.—Seutin on, *Bull. Med. de Belge*, v. i. p. 83.

Seutin, Clinical Remarks at Dublin, *Dub. Jour. of Med. Sci.*, Nov., 1842.—*Am. Jour. of Med. Sci.*, July, 1843.—Applicat. of Oil Varnish to, *Tavignot L'Examineur Med.*, Aug., 1841.

Plaster Moulds.—Dieffenbach, *Med. Chir. Rev.*, April, 1834.

### *Fractures of the Femur—Pathology.*

Effects of Contre Coup.—Bazille, *Prix de l'Acad. Roy. de Chir.*, v. iv.

Sabatier's Essay.—*Mem. de l'Acad. Roy. de Chir.*, v. iv. p. 115.

Fract. at age of 89, with Union.—*Lond. Lan.*, Jan. 1843.

In a Fract. unassisted by art the shortening was four inches, Dr. Stratton, *Edin. Jour.*, Oct.—*Lond. Lancet*, Dec., 1842. We saw a case in which it was one inch.

Bony Union in Fract. of Neck.—Tilanus showed Robert Hamilton three specimens in the Museum of Amsterdam, *Lond. Med. Gaz.*, Jan., 1843.—Case by Fawdington, *Lond. Med. Gaz.*, Sept., 1834.—Lisfranc and Richerand said they had seen bony union.—Larrey said that extension lessened the chance of consolidation.—*Acad. Royale*, sitting of Nov. 28th, 1826, detailed in *Archiv. Gen. de Med.*, Dec., 1826.—Discussion renewed Aug. 16th, 1827, see *Archiv. Gen. de Med.*, v. xv. p. 129.—Case and Specimen with remarks by Larrey, Devergie and others, *Archiv. Gen. de Med.* v. xv. p. 467.—Lisfranc at sitting of Dec. 10th, presented a specimen, at 70, *Archiv. Gen.*, v. xvi. p. 109.—Dr. Brulatour relates a case, *Archiv. Gen.* v. xvii. p. 74.—Walter Jones gives a case at 80, *Med. Chirurg. Transact.*, v. vi. New Series.—Bransby Cooper denies it utterly, *Lond. Lancet*, March 19th, 1842.—Case at 18—Stanley, *Med. Chir. Transact.* v. xviii. part 1st.

Incomplete Fracture of Femur.—In an old man—Debron, *Archiv. Gen. de Med.*, Dec., 1843.—Incom. Fr. of Neck—Adams, *Gaz. Med. de*

- Paris, Oct. 15th, 1835.—Tournel on, *Archiv. Gen. de Med.*, May, 1837.—King on, *Guy's Hospital Reports*, Oct., 1844.
- Essay on Pathology of Fracture of Neck.—Hargrave, *Dublin Med. Press*, April, 1843. He directs attention particularly to preventing the absorption of the neck.—Robert William Smith on Pathology and Diagnosis, *Dublin Med. Jour.*, Sept., 1840. A most interesting and elaborate paper, detailing forty-two cases of great variety, and illustrated by as many wood cuts.—Another essay by the same, in No. 17 of same Journal, given in *Archiv. Gen. de Med.*, Jan., 1835.—Another in the *Dub. Jour. of Med. and Chem. Science*, Nov., 1834.
- Guthrie's view in *Med. Chirurg. Transact.* v. xiii., p. 1, reviewed in *Med. Chirurg. Rev.*, April, 1826.
- Notable Cases.—Double Frac., diagnos. difficult, *Edin. Med. and Surg. Jour.*, April, 1833.—Rupture of callus 8 years after union, *Sanson, La Lancette Fran.*, April, 1834.—By convulsions after dose of nux vomica, man aged 58, *Nollet, Arch. Gen.*, v. 13th, 1827.—Frac. extending into knee, *Davidson, Arch. Gen.*, March, 1838.—Two cases of spontaneous fr., *Twogood, Provin. Med. Jour.*, July, 1842.—Fr. by muscular contraction in a scrofulous soldier, *Amer. Journ. Med. Sciences*, Oct., 1842.—Fr. causing aneurism of the femoral artery, *Brainard, Amer. Journ. of Med. Sciences*, Oct., 1843.—Fr. accompanied by dislocation, *Lon. & Edin. Mon. Jour. of Med. Scien.*, Dec., 1843—*Amer. Jour. of Med. Scien.*, Jan., 1844.—Case which died 16 days after injury, *Dub. Med. Press*, May, 1844.
- Fracture of Condyles.—Observations by Gerdy, *Arch. Gen. de Med.*, Feb., 1835.—*Mem. of Jules Fontanelle*, *ibid.*, v. 8, p. 267, 1825.

*Treatment of Fractures of the Femur.*

- In Children.—Beyber, *Arch. Med. du Strasburg, Gaz. Med. de Paris*, Aug. 1835.
- By modified Immovable Appar.—*Lassis, Gaz. Med. de Paris*, 1832.
- Remarks on permanent Extension.—*Rognetta, Transactions Med. Journ. de Med. Prac.*, March, 1833.
- Cases treated by Mayor's plan.—*La Lancette Fran.*, Feb., 1834.
- N. R. Smith's Treat.—*Baltimore Med. and Surg. Jour.*, Oct., 1834.
- Of Neck, treated by Suspens.—*Gaz. Med. de Paris*, Dec., 1834.
- Velpeau on new mode.—*La Lancette Fran.*, March, 1835.
- Velpeau on treat. of Fr. of Neck by walking about.—*Jour. de Connaissances Medicales*, with cases, June, 1835.
- New mode of Extension, anonymous.—*Same Jour.*, Sept., 1835.
- Bonnet's Remarks upon Treatment by Flexion.—*Gaz. Med. de Paris*, No. 39 et suivant.
- Belloq's Essay.—*Memoire de l'Acad. Roy. de Chir.* v. 3, p. 258.
- Colles upon.—Reviewed in *Med. Chir. Review*, Dec., 1820.

*Fractures of the Neck Treated.*

- Guyot, new Apparatus.—*Annales de la Med. Physiology*, Dec., 1833.
- A new bed for.—*Arch. Gen. de Med.*, v. 14, p. 370.



Gresley's method, described at sitting of l'Acad. Roy. de Med., April 13th, 1830—*Ar. Gen. de Med.*, v. 22, p. 568.—Report upon favorable, *ibid.*, v. 23, p. 589.

Gresley's and other methods examined by Velpeau, *Arch. Gen. de Med.*, v. 29, p. 509.

*Addenda.*

Impaction of the Neck.—Roberts on, *Arch. Gen. de Med.*, Aug., 1844.

Fracture of Neck simulated by fir. of cotyloid cavity.—McTyer, in *Glasgow Med. Journ.*, Feb., 1831.

Shortening of the Neck.—Gulliver, *Med. Chir. Review*, April, 1839.

EXTRACT OF INDIAN HEMP.

[It is not probable that the following note to the editor was intended for publication, but as the benevolent writer has expressed himself in a way to interest the profession, we have taken the liberty to publish it. In order to give the article referred to the fairest kind of trial, the case containing the extract is placed in the publishing office of the Journal, where practitioners may be furnished with parcels to experiment with, free of expense. We enjoin it upon those who avail themselves of Dr. Wigglesworth's kindness, to furnish a report of their success in administering the new medicine.]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Accompanying this you will find one pound of the resinous extract of Indian hemp (*Cannabis Indica*), which I recently received from Calcutta, the claims of which to the notice of the profession have been so warmly urged by Dr. O'Shaughnessy of that place. He finds it to allay spasmodic action and pain, even the most violent paroxysms of neuralgia; to increase wonderfully the appetite and digestion; to procure sound and refreshing sleep, and a more pleasurable state of mental exaltation than that produced by any of the forms of opium, followed by no constipation, sickness, depression or other re-action.

I have found it a very powerful agent in relieving pain, but do not feel justified in applying to it all the encomiums bestowed by Dr. O'S. My opportunities for trying it, however, have been limited, and (as, owing to ill health, I am obliged to relinquish practice) will for the future be more so. I would therefore beg the favor of you to use the sample which I send you, or to give it to such of the profession as may wish to make trial of its effects, and should you deem the results worthy of notice, to make them public through the pages of your Journal.

I am, with much respect, your ob't serv't, SAMUEL WIGGLESWORTH.  
*Boston, August 28, 1845.*

P. S.—I have found five or six grain doses necessary to produce any strongly-marked effects. It is best exhibited in solution or suspension in some vinous or alcoholic liquid.

S. W.

## SUDDEN BIRTHS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—On looking over the Medical and Surgical Journal last evening, I was much interested in the cases related under the head of "On a Source of Error in Supposed Infanticide," having had a similar case myself. On June 17th, 1841, I was hastily called to the wife of a merchant, residing about 20 rods distant, who was at the time in labor with her second child. She was about her work as usual in the morning, without any monitions of approaching labor; when suddenly she was taken with violent pain. In three or four minutes from the time her pains commenced, I was by her side. I found her in her bedroom, holding on to the bedpost, and in less than eight minutes she was delivered of a large healthy boy weighing eight pounds. The pains did not abate from the commencement to the time of delivery, nor were we able to get her upon the bed till after the child was born. There was no more flooding than usual, and both mother and child did well.

Last night, just after I had retired to rest, I was hastily called to visit a patient, Mrs. M. D., about  $4\frac{1}{2}$  miles distant, in labor, or rather just delivered, but, as the messenger said, in a frightful condition. The house is half a mile from any other, and Mr. D. was absent. Mrs. D., who was alone in the house, stepped out at the door just at dark, when she was taken with labor pains with her second child. She succeeded in getting into the door, and just at that moment the child was forcibly expelled upon the floor, within one and a half minute from the time she was taken. The cord was long, so that it was not broken by the falling of the child. She commenced flowing profusely, which frightened her very much. She immediately seized the cord and broke it in two places, and succeeded in passing through that room and entry into her bedroom, where she was found in a few minutes by a small boy sent there of an errand, and he summoned the neighbors. They found the child lying upon the floor where it was born, and the mother on the bed quite exhausted. I arrived in about one hour and a half from her delivery, and found her in great distress, with faintness. By feeding freely upon brandy and morphine, she soon rallied and became quiet. To-day I found both mother and child doing well. The mother is a small woman, weighs about 112 pounds; the child 8 pounds.

Yours truly,

Wrentham, Aug. 29th, 1845.

L. B. LARKIN.

### CONGENITAL HYDROCEPHALUS OF TWO YEARS' DURATION, SUCCESSFULLY TREATED.

By Thomas Barbour, M.D., Professor of Obstetrics, &c., in the Medical Department of Kemper College, St. Louis.

IN May last, I was requested to visit David Crankshaw, who was born in Stockport, England, May 21st, 1843. His mother communicated to me the following facts in relation to his case:—His head, at birth, was unusually large, and the fontanelles and sutures very widely separated,

the membranous portions being quite protuberant, and imparting the sensation of fluctuation. The above conditions had existed from birth up to the time of my visit, and he had had frequent convulsions and occasional paralysis. She stated that the physicians whom she consulted in England pronounced the case to be dropsy of the brain, and were of the opinion that he could not live. The following was his condition when I saw him. His head was of monstrous size; the fontanelles were very large, the anterior being at least three inches in diameter, and occupied by a large fluctuating tumor that was elevated about an inch above the level of the cranium, and which appeared to depend not only on fluid in the lateral ventricles, but also on the surface of the brain, as compression with the hand, evidently, very greatly oppressed the brain. The sagittal suture was widely open, and all the bones of the head were quite movable and compressible. His neck was very remarkably emaciated and slender; so much so, that the weighty head could only be sustained by the shoulder on which it constantly leaned. Chronic diarrhœa also existed, associated with general emaciation, especially of the inferior extremities—tumid abdomen, and irritative fever. He presented, indeed, the most prominent symptoms of marasmus, in connection with the hydrocephalic condition.

The following is an *outline* of the treatment I pursued. With the view of improving the secretions, and restraining the bowels, I administered the following combination: *R.* hydrarg. c. creta, ʒ ss.; pulv. Doveri, grs. xv., made into twelve powders, of which one was given every sixth hour. During the use of the above it became necessary to give mild aperients, occasionally, to relieve the torpor of the bowels. With the view of promoting the absorption of the fluid in the brain, and, at the same time, of improving the general constitution, I administered the following solution: *R.* Hydriod. potassæ, ʒ ss.; aq. distil. ʒ ij.; a teaspoonful thrice daily. I also applied a blister to the nucha, and directed frequent affusion of cold water over the head. This course, with but slight variation, was continued for about six weeks, and the result was highly gratifying; the secretions rapidly improved; the irritative fever gradually yielded; the head, day by day, diminished in size; the fontanelles became gradually reduced to a natural size; the convulsions did not recur after I saw him; and the little boy, having gained flesh, strength and complexion, left St. Louis, a few days ago, apparently perfectly well.

My great reliance in the treatment of the above interesting case, was the hydriodate of potassa; and my object in communicating it to the profession is, to contribute *additional* testimony of the very great value of iodine and its preparations, hoping that some *inexperienced* or *prejudiced* reader, who may think it safest to pursue the old beaten track of therapeutics, may profit by it.—*Missouri Medical Journal.*

Dr. Fioravante has successfully employed blisters to the heels in the treatment of sciatica. The epidermis was first softened, and then removed, and the suppuration was kept up for some time in chronic cases.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, SEPTEMBER 10, 1845.
 

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*Anatomy and Diseases of the Breast.*—Sir Astley Cooper was not only a profound thinker on surgery and a skilful operator, but accomplished a large amount of literary labor. His works on Hernia, on the Structure and Diseases of the Testis and Thymus Glands, on Fractures and Dislocations of the Joints, together with his Lectures on Surgery, edited by Tyrrell, constitute a series of no ordinary character. A large and elegant volume has just come from the press of Messrs. Lea & Blanchard, of Philadelphia, made up of papers, from the writings of that eminent operator. The size corresponds with the illustrated works of the author, having plates, reduced in dimensions, but very carefully executed.

The volume commences with the anatomy of the breast; then follows its diseases, traced through all obscurities, and made plain even to a student. Next, a variety of articles, extracted from the journals of the day, hospital reports, &c., commencing as far back as 1798. This is an outline, only, of the plan of this large book, every page of which is intrinsically valuable. On the completion of this work of Sir Astley's, those who are ambitious of possessing all the high authorities on surgery, will certainly avail themselves of the whole of his works, now uniform in the style of typography, in the paper, and binding. This, with those that have preceded it, may be had in Boston, at the store of Messrs. Ticknor & Co., whose collection, at the present time, is both extensive and choice in all departments of medicine and surgery.

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*Principles of Tokology and Embryology.*—This is modestly called an elementary treatise; but no one at all familiar with the subjects discussed would think of giving it a second rate place among works on midwifery. A history of the book is simply this:—It is a translation from the French of A. A. L. M. Velpeau, by Charles D. Meigs, of the chair of Obstetrics in the Jefferson Medical College. This is also the third American edition, with notes and additions by William Harris, M.D., a lecturer of approved reputation on the subjects embraced in the volume. Thus, from being a book of acknowledged merit in a foreign language, it has undergone a series of improvements under the vigilant supervision of men familiar with the branch of practice to which it is exclusively devoted, and the presumption is, therefore, with such an array of names on the title-page, that it carries its own recommendation boldly and fully on its front.

After the anatomical description of the pelvic region, there follows a description of a malformed pelvis, and then a full explanation of all the organs connected with the function of reproduction. Next the office of each and the concurrent function of the whole group. The author then traces the history of gestation, and from one page to another, through a series of well-arranged articles, leaves no topic untouched in the broad domain before him. At the fifth chapter, commence distinct articles on labor, the causes, precursory signs, first stage, &c.; various forms of pre-

sentation; the conduct of the accoucheur; diagnosis; to determine the position, and prognosis. Dystocia and its varieties and modifications, occupy three sections of an important chapter. At the fourth chapter obstetric operations are brought under consideration, and the volume closes when every inch of ground has been carefully surveyed. The work is published by Lindsay & Blakiston, Philadelphia.

*Diseases of the Sexual Organs.*—We alluded to the proof sheets, some weeks since, of the treatise on these diseases by Dr. Dixon, of New York. The work is now in the hands of the trade. It was a part of the author's design to construct a scientific treatise, but for popular as well as professional reading. In this, we apprehend, he will ultimately discover that he has made a mistake. The great public can hardly be expected to understand that portion of the text which is necessarily technical; and a physician would loathe the pap which in such cases must be introduced here and there for the world's people. However, Dr. Dixon has managed exceedingly well, in mixing up the various ingredients composing the different chapters; and in securing attention to every page in the volume—an art that only a few writers on medical topics possess.

A commendable trait in this work, is an active determination to expose the quackery that stalks through the land, in the treatment of these diseases. In this branch of business alone, thousands upon thousands practise the vilest system of knavery, especially in all large cities, under the respectable garb of medical practice. Both men and women, known and unknown to local fame, actually riot on the public health, by pretending to cure these special maladies by special means. Dr. Dixon fires into the whole herd at the first shot, but it is by no means certain that he will effect any revolution. We like his decided efforts, though they may prove ineffectual. The fact is, physicians are not the men best calculated for altering the public sentiment on such a subject. The more ignorant people are, the more obstinate; and when ignorance and fear are acting in concert, all the medical colleges in the world could not influence a patient of this description so effectually as a quack of his own calibre.

There is something original in Dr. Dixon's dedication—"To the intelligent and conscientious men who believe in the propriety of a single board of State Censors, to be elected without nomination, and therefore without fear or favor," &c. Perhaps we do not understand the medical politics of the Empire State, and therefore it would be wasting labor to hazard an opinion upon this point. Those who covet the name of philanthropist are seldom willing to allow they are prompted by selfish motives in any act that has reference to mankind; but Dr. Dixon declares at the outset that his motive is self-interest. This is honest, and we hope he will realize a handsome income from the sale of his book, whilst those who study his investigations may also be gainers.

Appended to the volume, are drawings of two instruments, heretofore described, and invented by Dr. D., which are of much more importance, we apprehend, than may yet have been supposed—one, the speculum vaginae, and the other called the polypus ligator. The latter is for the purpose of placing ligatures around tumors in the uterus, and is a simple contrivance—a mere bent wire, something in the form of sugar tongs, but well adapted for the purpose. Simplicity in the construction of sur-

gical instruments should always pass for a recommendation. In the case of this instrument, however, it is quite possible that its peculiar simplicity has actually operated against its general use. In showing the speculum to a celebrated surgeon of this city, we recollect he observed that the folds of the vagina would be likely to fall down between the bars of the wire tube, and obstruct the view into the interior. He therefore gave a preference to the perfect tube, rather than one made up of a series of parallel rods, brazed to the periphery of a ring, as in Dr. Dixon's invention. On trial, however, this may not be found an objection.

To return to the book. The articles on sarcocele, hydrocele, hydrocele of the cord, encysted hydrocele of the cord, anasarca of the testicle, malignant diseases of the testicle, and varicocele, are the best portions, and may be consulted with confidence.

In Boston, copies are to be found at Redding & Co.'s, State street.

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*A Missionary Physician wanted.*—In looking over the last missionary intelligence from the Sandwich Islands, it is noticed that a physician is very much needed at the Lahaina station. "The committee," says the *Missionary Herald* for September, "are pained to say that they have but one physician upon their list of candidates for missionary employment at the present time, and none have been appointed since the announcement in June, 1844." There are several stations at which competent physicians would have full scope for their benevolent exertions. At Madura urgent appeals have been made for a medical adviser; but the committee cannot yet obtain one. These missionary stations in foreign countries, under the patronage of the Society, present extraordinary opportunities for doing good, aside from the advantages accruing to the person who enters upon the duties. A few young physicians, possessing the proper qualifications, would find themselves in a position, should they enter upon the service, for achieving much in the countries in which they might be located, both for suffering humanity, and in contributing to the spread of the benign influences of christianity.

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*Beautiful Instruments.*—Mr. Jos. Burnett, apothecary, of this city, Mr. Metcalf's successor, has just received from Paris, as may be seen by his advertisement, some very highly finished articles of surgical cutlery, manufactured by the well-known Charrière, rue de l'Ecole de Médecine à Paris—a famous calling-place for American students while staying in that city. Some of the pocket-cases are uncommonly elegant, compact, and useful for every day business. The exploring needles and compound catheters are admirable. Partial as we are to home-made things, it would be unpardonable not to remind medical gentlemen of this recent importation.

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*Rush Medical College.*—Some account of this newly-organized institution, located at Chicago, Illinois, was given last season. It is only necessary to remark, that since that period excellent accommodations have been provided, and the prospects are of a very encouraging character. A new circular has been sent abroad, which evinces not only the enterprise of the Faculty, but the great advantages accruing to students in the far West, by attending lectures at the Rush Medical College.



*Public Sympathy for a Physician.*—It seems, that from some cause, unknown to us, Dr. S. J. W. Tabor, of Shelburne Falls, Mass., well known for his medical researches, and who lately suffered the loss of his wife by death, is about leaving the practice of medicine. A public meeting having been called, the following complimentary resolutions were passed.

“*Resolved*, That we sincerely sympathize with Dr. Tabor in his recent bereavement, and that we deeply regret the necessity which compels him to abandon the medical profession, thus depriving us of his valuable services as a physician.

“*Resolved*, That we have the highest respect for Dr. Tabor as a citizen, that we have undiminished confidence in his ability and integrity, and that he shall ever have our best wishes for his welfare and prosperity.”

*Medical Degrees in Connecticut.*—At the late commencement at Yale College, the degree of M.D. was conferred upon the following gentlemen, viz., James Austin, Gardner Barlow, E. M. Beardsley, J. E. Clark, R. W. Forbes, B. M. Fowler, H. H. Loomis, Wm. H. Russell, J. H. Thompson, E. G. Ufford, E. T. Winter.

The honorary degree of M.D. was conferred on Benjamin Rogers, George Blackman, Orrin Witter, R. A. Manwaring, S. S. Noyes, T. P. Wattles, G. H. St. John.

*Manufacture of Calomel in Philadelphia.*—The U. S. Gazette says that one house in Philadelphia has prepared and sold, within the last three years, 17,000 pounds of calomel. The consumer pays the apothecary for the medicine, at prices varying from \$50 to \$500 per pound. Putting the above quantity at only \$69, it would appear that the price paid for it has exceeded a million of dollars. It is supposed that the quantity manufactured by other houses is at least six times as much. If so, the cost of calomel in Philadelphia in three years, has been \$6,000,000, or an average of 2,000,000 per annum. Probably this estimate is greatly exaggerated.

*Lexington, Ky., Medical Library.*—There are in this collection over 1200 volumes on Practical Medicine, nearly 1000 on Anatomy and Surgery, 700 on the Institutes of Medicine and Medical Jurisprudence, over 400 on Obstetrics and the Diseases of Women and Children, about 600 on Chemistry, between 300 and 400 on Materia Medica and Therapeutics. The residue of this extensive and valuable library is composed of works on the several departments of natural history, of periodicals, and miscellaneous scientific works, ancient and modern, making in all, over 7000 volumes.

*National Vaccine Establishment.*—During the last year, the National Vaccine Institution has supplied one hundred and seventy-five thousand three hundred and sixty-two charges of lymph, and met the demands contained in the letters of five thousand eight hundred and forty-five correspondents, the majority of whom required lymph, not only for their individual service, but for that of extensive distribution, thus multiplying, to an indefinite extent, the benefits disseminated by this national institution.—*London Lancet.*

*The Italian Scientific Congress.*—The seventh Italian scientific congress will take place at Naples. It will open on the 20th of September, and close on the 5th of October, under the presidency of Antonio Spinelli. The king of Naples, it is said, takes great interest in the intended scientific reunion, and great preparations are to be made in order to give a brilliant reception to the litterati who are expected to attend.—*Ibid.*

*Medical Miscellany.*—Dr. Crump, Charge des Affaires to Chili, lately sailed for Valparaiso in the Portsmouth. The doctor's health had very much improved.—Dr. Jarvis, of Connecticut, the inventor of a surgical instrument called the *adjuster*, has been rewarded, by the Society Arts, in England, with a gold medal, valued at £15 sterling.—The Maronite monks of Syria are not allowed to taste of meat, or to smoke tobacco; they eat fish, however, and take snuff.—Dr. R. Semple, one of the California delegation from St. Louis, is said to be six feet and eight inches tall.—A lad in New Brunswick died after an illness of forty-eight hours, from the effect of having eaten a quantity of dried apples at one time, and shortly afterwards drinking beer on them, which created fermentation, and produced a most unnatural swelling in his stomach, and stoppage of the intestinal canal.

TO CORRESPONDENTS.—Dr. Wallace's paper on Febrile Diseases is on file for publication.

MARRIED.—At Keene, N. H., Seneca Carter, M.D., of Weston, Vt., to Miss A. Carpenter.

DIED.—At Berlin, Vt., Dr. Thomas Bailey, 34.—At Helensville, Canada, Dr. John Geo. Bridges.

Number of deaths in Boston, for the week ending Sept. 6, 73.—Males, 23; Females, 40. Stillborn, 4. Of consumption, 10—disease of the bowels, 16—dropsy on the brain, 7—cholera infantum, 5—old age, 2—lung fever, 1—dropsy, 5—disease of the liver, 1—scarlet fever, 6—infantile, 5—hooping-cough, 1—typhus fever, 3—teething, 2—inflammation on the lungs, 2—canker, 1—cholera morbus, 1—accidental, 1—disease of the heart, 1—marasmus, 1—inflammation on the brain, 1—brain fever, 1. Under 5 years, 43—between 5 and 20 years, 7—between 20 and 60 years, 18—over 60 years, 5.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

August.	Therm.	Barometer.	Wind.	August.	Therm.	Barometer.	Wind.
1	from 67 to 78	from 29.49 to 29.60	S W	17	from 56 to 82	from 29.51 to 29.56	N E
2	60 79	29.65 29.66	S W	18	66 74	29.46 29.51	S E
3	62 80	29.60 29.61	S W	19	61 86	29.45 29.47	S E
4	58 83	29.54 29.60	W	20	61 83	29.50 29.53	S E
5	64 87	29.53 29.54	S W	21	70 82	29.38 29.46	S W
6	66 88	29.52 29.53	W	22	72 88	29.37 29.40	S W
7	64 82	29.47 29.52	S	23	73 85	29.39 29.45	S W
8	66 89	29.44 29.46	S W	24	71 86	29.39 29.40	S W
9	71 85	29.45 29.45	S W	25	66 81	29.39 29.42	W
10	68 85	29.25 29.41	S W	26	66 86	29.35 29.37	N W
11	72 79	29.05 29.17	S W	27	56 70	29.29 29.40	N E
12	68 78	29.05 29.19	S W	28	52 74	29.42 29.65	N E
13	60 85	29.31 29.39	S W	29	44 72	29.60 29.72	S E
14	67 83	29.40 29.43	W	30	56 68	29.22 29.44	N W
15	69 85	29.48 29.53	N E	31	59 75	29.23 29.26	N W
16	61 80	29.50 29.52	N E				

The month of August has been pleasant, uniform and fair—the first part of it very dry; favorable rains have fallen since the 20th. The pastures, cornfields and potatoe crop have suffered from drought. Range of Thermometer, from 44 to 89—Barometer, from 29.05 to 29.72. Rain, 2.36 inches.

*Peritonitis following Examination for Uterine Polypus.*—At a meeting of the *Société de Chirurgie*, M. Lenoir presented the uterus of a woman, 55 years of age, who had been seized suddenly with acute peritonitis, the day after an examination, by which the presence of an uterine polypus in the vagina had been ascertained. She had been laboring under hemorrhage for seven or eight months; the existence of the polypus was ascertained without the slightest difficulty. M. Lenoir intended to have operated the following day, but was prevented by the development of peritonitis, which carried her off within eight days.

M. Malgaigne narrated a similar case which had occurred to himself. He was called to Versailles to see a lady who was affected with uterine polypus. He practised the toucher, and recognized, without the slightest difficulty, the presence of a polypus, which he intended to have extirpated. The following day, however, she was seized with peritonitis, and died. Such cases are extremely rare, but it is well to be aware of their existence.—*Gazette des Hôpitaux*.

*Poisoning by a Small Dose of the Muriate of Morphia applied Externally.*—A young woman, laboring under scirrhus of the uterus, and suffering from vomiting and pain in the stomach, was ordered to apply to the epigastrium, from which the skin had been previously removed by a blister, the 1-32nd part of a grain of the muriate of morphia. The same dose was repeated by the endermic method the following morning. Some time afterwards, the woman fell into a state of complete narcotism. She suffered from pain in the head, stupor, ringing in the ears, dizziness, and incoherency, a hot and dry skin, and a strong and frequent pulse. Among the symptoms was one somewhat remarkable—namely, that she saw only the half of surrounding objects; for instance, in the case of a person standing before her, she could only see the right or left half of the body. The cerebral congestion was followed by convulsions. Venesection was performed, but this only produced a stronger attack, followed by another. A compress, soaked in vinegar, with ice, was applied to the forehead, followed by mustard poultices to the lower extremities. The symptoms gradually abated, but it was three weeks before vision and speech were perfectly restored.—*London Medical Gazette*.

*Foreign Body in the Ear.*—A gentleman of this city stated that he had lost the hearing of one of his ears, about six weeks previous. Upon examination, we discovered that a large bug had found its way into the ear; and its removal restored his hearing. Two *physicians*, in the city, had pronounced his case a *disease* of the *ear-drum*. We suppose, of course, their opinion was in accordance with what knowledge they possessed.—Perhaps they will remember the case?

Before an opinion is expressed in regard to affections of the ear, a careful examination should be made in the sun-light, which can easily be directed into the ear: an egregious blunder may thus oftentimes be avoided.—*Missouri Medical Journal*.

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## ORIGIN AND PROPAGATION OF FEBRILE DISEASES.

By W. Clay Wallace, M.D., New York.

[Communicated for the Boston Medical and Surgical Journal.]

It may be said that all fevers are owing to local irritation, arising from malposition of parts of the body, or the presence of foreign matter. Among the former may be enumerated protrusions of the viscera, distension of the extreme vessels, fractures, luxations, &c. Among the latter, pus and other excretions, necroses, poisons, animalculæ, vegetations, &c.

The present remarks have reference to two grand classes of fever—the remittent and eruptive.

The origin of the remittent class, which, as it is difficult to say whether or not the paroxysm altogether subsides, may also include the intermittent, has been usually ascribed to malaria or miasmata. Miasmata are generally considered to arise from the decomposition of animal or vegetable matter; and the effects on the constitution are said to be owing to inhalation of the gases generated by putrefactive fermentation. Although putrid matter applied to a wound may cause great constitutional disturbance, we have no facts to show that the emanations arising from it will occasion remittent fevers; for putrid macerations in colleges are often cleaned out in the hottest weather, without producing these diseases. In manufactories of adipocire, individuals have been surrounded with an atmosphere saturated with emanations from the decaying flesh of horses, dogs and other animals, yet they remain perfectly healthy. Quantities of hay and weeds are rotted every summer. Animal and vegetable manure in all stages of decomposition is often collected in heaps. The very same materials said to engender malaria are subjected to the same decomposing influences without producing febrile symptoms, and the hottest seasons are not always the most unhealthy.

Happily for mankind, the poison producing febrile diseases cannot be prepared by human skill, even when aided by the numerous discoveries of modern chemistry. Though the elements are in the hands of the chemist, he can effect no combination of inert matter, capable of exciting a periodic disease, or one giving rise to emanations by which its kind may be reproduced. If such preparations could be made by art, the fabulous accounts of slow poison might be realized, when the spirit of revenge or cupidity demanded a victim. The ravages of pestilence might not be stayed with the destruction of the intended object, but

spread all around, as the torch of an incendiary often devastates more than he intended.

The poisons generated by vegetables and animals are not inferior in power to those formed by the combination or decomposition of inert matter. As far as I understand, no artificial preparation of the elementary bodies will produce abortion, yet the laboratory of nature furnishes *secale*. Art does not furnish a compound capable of contracting the voluntary muscles equal to *nux vomica*. Prussic acid is inferior in virulence to *aconitina*, the fiftieth part of a grain of which has produced serious effects. A small portion of virus in the saliva of a rabid dog, is, when applied to the mucous membrane of the mouth, or into a wound, capable of lying dormant for a time, and afterwards producing horrible effects. An almost inconceivable portion of virus contained in the matter from a vaccine or variolous pustule, produces fever and reproduction of the same kind of virus. Serpents, spiders, bees, gnats, &c., produce well-known effects.

By microscopical investigations, light has been thrown on two contagious diseases—*porrigo* and scabies. The former has been ascertained to be a vegetable which even sheds its seed. The irritation of the latter is occasioned by an animalcule which burrows beneath the skin. Parasites are sometimes transferred from one animal to another, as the falling out of portions of the whiskers and eyebrows is said to be owing to destruction of their roots by a parasite of the horse fly. Like other soils a particular state of the body seems to be necessary for the growth and propagation of parasites, for the animalculæ in the cheesy matter of *acne punctata* thrive best in a strumous subject.

Spurred rye is caused by a parasitical fungus, the dust on which will produce a similar affection in any grass, if sprinkled in the soil at the roots. This fungus, or rather the dust upon it, has proved poisonous not only to the mammalia, but even to leeches and flies, and has at different periods caused dangerous epidemics in different parts of Europe. Besides rye, many other grasses are subject to the alteration. It is probable that the species of fungus will vary with the plant, and that the variety will produce different effects—thus the dust from one kind of fungus or other parasite may produce yellow fever, from another cholera, and so on; or hybrids may be produced, giving rise to new diseases.

The powder diffused in the air on opening the common puff ball, is said to be myriads of its seeds, which wafted by the atmosphere, may pass to great distances. Many of these will light on barren soil, or at least on places unfavorable for their growth, while others, out of the abundance diffused, will find locations that will yield support, and where they may propagate their seed, to be again in like manner dispersed by the wind to seek new habitations. We may hourly inhale portions of these, or similar seeds, without being aware of their presence. The seeds of the plants which constitute mouldiness or mildew, require decomposing animal or vegetable matter as a soil in which they may grow, and reproduce their species. There is reason to believe they are constantly in

the atmosphere, as neither paste nor soup can be long exposed to decomposition, without being covered with a miniature forest.

It is in autumn, when seeds of various kinds have passed to maturity, that fevers from malaria most frequently prevail. In dry or in very wet weather they are not often observed, but they appear after much rain, when the moisture has partially evaporated, and the vegetable matter been rendered favorable for mouldiness. Plantations of rice which requires much moisture for its growth, are considered so unhealthy that the Russian government has prohibited its cultivation.

In 1817 Savannah, as I am informed by a gentleman who formerly resided there, was as healthy as southern cities usually are, till the rice on a large plantation near it was cut. For some time before this the prevailing wind was the south west. Several days after the cutting of the rice, the wind changed to the north east, or from the rice field towards the city, and in a few days the yellow fever prevailed to an alarming extent.

As plants have their peculiar locations and do not survive the seasons of other latitudes, imported parasites may be propagated on whatever serves as a soil for mouldiness, till they are suddenly blighted by the appearance of frost. The poison of yellow fever gradually extends from the part where it was first introduced, and, to use the language of the contagionists, creeps from spot to spot, and increases the extent of the infected district. On the other hand, the poison of typhus, one of the exanthemata, does not survive the heat of a tropical region.

The cause of various other affections has been ascribed to animalculæ, and from what has been ascertained about itch, there is ground for the opinion. Animalculæ have been dried, and kept for a series of years, and have again exhibited all the phenomena of life after being immersed in water. Their ova may lie in dust, and be diffused through the atmosphere, until they are placed in circumstances favorable for their development. It is possible that in this way some of the exanthemata may be disseminated. The plants or animalculæ producing them, or their seeds or ova, may be contained in the albuminous crusts, which occasion the disease by contact, or when dried and distributed throughout the atmosphere by being inhaled. Their seeds or ova may also be put forth with the air, from the eruptions on the lining membrane of the lungs.

There may be something more than mere figurative language when we talk of the seeds of disease, and of the periods of germination or incubation. The seeds or ova of eruptive diseases may pass through the food or air passages to the circulatory system, and be deposited beneath the cuticle. After a period of germination or incubation they are more speedily developed on the parts most exposed to air and light, and progress more slowly on the rest of the body. After an allotted time they reach maturity, and then die away, having previously yielded the means of propagating their kind. It is perhaps by limiting the quantity of seeds, or ova, that the complaint is milder when the matter of smallpox is inserted beneath the cuticle, than when it is received by the air passages. As plants are modified by cultivation in a different clime and soil, diseases are modified by passing through a different animal; thus, when



smallpox prevails cows may take the disease, the products of which will occasion a complaint that is rarely fatal, and which can be communicated only by planting, or direct contact to an abraded surface.

According to the theories advanced, most febrile diseases are of two kinds. The one is occasioned by irritation from the reception of poison from parasites, away from the body; the other by irritation from parasites in the skin. The one is propagated on bodies exterior to the person; the other is propagated upon it. Though the one is, strictly speaking, non-contagious, both are alike to be dreaded, for the seeds of pestiferous fungi may take root on decomposing matter, and soon by reproduction fill the air with poisonous dust. The seeds of the other may be disseminated in a similar manner, to grow and be reproduced on the body. The euphonous terms *koino miasma* and *idio miasma* have been employed to distinguish contagion from the person, from that arising from infected air.

Parasites, then, are the chief sources of disease, and as we can only attribute the commencement of animal and vegetable life to creative power, it is inferred that these causes of mortality existed from time immemorial. Contagious diseases have broken out among workmen engaged in the manufacture of chlorine, and all disinfecting agents have been found so inefficient that we do not know they can be controlled by any known substance. Habits of ablution, which have been so often recommended, have been found by experience to be the best means of checking their propagation. To have a system free from noxious parasites, it is necessary to observe the utmost cleanliness. Cleanliness in the street, in the yard, and in the domestic animals. Cleanliness in the ceiling, the walls, and the floor. Cleanliness in the kitchen, the parlor, and the bed-room. Cleanliness in what we eat, what we drink, and what we put on. Cleanliness without the person, and cleanliness within it. As the weeds from an ill-conducted farm annoy an industrious neighborhood, it is a good rule to keep well to windward of a suspicious-looking craft.

The larger insects, as flies and worms, consume the decomposing matter on which noxious parasites may take root, and if it abounds they become so annoying that its removal is demanded. The slumberer on an unclean bed is again and again reminded that its condition should be examined, and unclean garments soon present their own memorialists. Burns, with the feelings of a poet, might utter his detestation at the ugliness of one of them, but it required the philosophic mind of Peter Pindar, who was educated a physician, to compose a poem in its praise. The little mosquito, with its buzzing noise and poisoned bill, does its utmost to prevent approach to marshy districts, especially in the evening. With indomitable courage and perseverance it repeats its warnings, at the imminent risk of its life, yet it may prevent remittent fever in another way. I have been informed by a medical friend, whose father made the observation, that those who slept under mosquito netting escaped the disease, and hence concluded that the insects were useful in forcing its adoption. The poisonous seeds being intercepted by the netting, leave the atmosphere within it comparatively pure. It is possible that by falling on the

aqueous vesicles constituting mist, the dust of malaria may be inhaled in a more concentrated form, by exposure after sunset.

When animal or vegetable parasites are introduced to a rural district, other parasites are apt to accompany them. A like course is observed by the parasites constituting disease, for itch and the exanthemata have often their sequela. The seeds of porrigo are sometimes introduced with the virus of vaccinia.

Many vegetable poisons cease to exert a noxious influence, when the system is accustomed to their action. A drachm of tobacco has occasioned death when infused and administered as an enema for strangulated hernia, yet there are numbers who by frequent practice chew several drachms a-day without apparent injury. It is well known that the cases are most fatal at the first appearance of an epidemic, and that Creoles are not so liable to be affected with fever as strangers.

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#### ERYSIPELATOUS FEVER.

To Dr. Samuel G. Morton, Philadelphia.

DEAR SIR,—In the Boston Medical and Surgical Journal of October 30th, 1844, I find my letter to you respecting the “Grippe” or epidemic erysipelas. The variety of symptoms observed in the protracted forms of erysipelatous fever are analogous to the changing phases of acute and chronic rheumatism, and should be considered in regard to its mild and malignant types and with reference to its acute and chronic bearings upon the functions and the organs or tissues successively involved.

Patients having erysipelatous fever during gestation, escape fortunately, if miscarriages occur, in not more than one third of the cases, and of the foetations numerous instances of malformation occur at every stage, while of those arriving at maturity fully one half die before the eighteenth month. Their gums and fauces become affected as if from scorbutic taint, the body is feverish, with frequent cold extremities, the lips are of scarlet color, red spots appear on the cheeks, hectic perspiration, slight cough and occasional wheezing attend, and spasmodic pain with tendency to constipation, soon succeeded by diarrhœa, now begin to indicate the sure approach of death. Some infants lose their hair and nails, others for a while have eruptions like St. Anthony’s fire, leaving ulcerated points not unlike chickenpox, and if vaccination be employed extensive excoriations of the skin come on, which are slowly and with difficulty healed. During gestation the mother has sore throat and many successions of imperfect abscesses about the ears, her vision or hearing always more or less impaired, and usually the scalp and ends of the fingers and toes are painfully sensitive; the lower extremities especially suffer more than is common from tumefaction, and the patient manifests constant dread of whatever may agitate the nervous system. A patient for some months harassed by such symptoms, will generally about the third day after accouchment have chills succeeded by intensely hot dry skin, while the bones are described to be parched as if by burning bricks, the secretion

of milk ceases, the tongue is pointed, red at the sides, furred, with a smooth red trace in the middle; the entire tongue is stiff and corded, and of conic form extending to its enlarged base or root. The fever often continuing with partial remissions ten, twenty, or even thirty days, induces suppressions and great tenderness of the abdominal muscles, which invites to preserving the knees in an upraised position, and after some days the muscles become so rigid the legs cannot be extended without such force as might extend limbs contracted by rheumatism. In such cases at first the bowels are torpid, while the stomach is highly irritable, the œsophagus is laboring under sub-acute fever, and across the larynx a painful choking sensation is felt; the toes and heels, as well as the fingers and scalp, are as sensitive and excite as much complaint as in gouty patients. Opiates with calomel, irritants, bran poultices with acids, the tepid bath and bleeding, are the usual remedies. The accoucheur, without the greatest precaution, will transfer this fever from one to other lying-in patients, and I have observed the nurse brought in to draw the breast *immediately affected*, and such wet-nurse will with invariable certainty communicate the same disease to as many infants as may only once suck her breast.

Infants contracting the disease often sneeze, and within a few hours the palatal structure is thickened and inspiration is soon performed with a wheezing, cat-like sound, and such infant will communicate the affection to every breast its saliva may come in contact with, unless the owner has before had this fever. A child having this affection *will not contract hooping cough*, and it is worthy of remark that after hooping cough is fully established the subject of it will not sneeze, or at least not in the active febrile stage. During the influence of erysipelatous fever upon a system the vaccine poison *cannot operate* as a *preventive* against small-pox; and measles are often so modified as to present white, delicate pustular eruptions, affording no protection against measles on some future occasion. Lues affections are rendered more virulent, and gonorrhœa is changed into what was once, by misnomer, called cicca-gonorrhœa.

In erysipelas the inguinal glands and the vesicular mucous surfaces do not suffer, while the mucous and serous surfaces, from the diaphragm upward, are chief seats of the malady. I have observed ash-colored indolent ulcers on the fingers, and leprous-looking scabies and carbuncles on various parts of the body, yield as if by charm to the careful application of a weak solution of creosote and the external use of sarsaparilla.

In the advanced stages of indurated glands and thickened membranes, the continued use of jalap and cream of tartar, or a cathartic of extract of colocynth, scammony, and an eighth or sixteenth grain of tartrate of antimony, with lime-juice baths, and an invigorating diet, are of the highest utility. The internal and external use of hydriodate of potassium at intervals is also an excellent remedy, particularly when the secretions from the maxillary antrums are sanious, or greenish and offensive, and in every instance wherein the *thyroid glands are enlarged* or the sub-maxillary glands are indurated.

Soap and weak lie-washes, with daily changes of raiment and of bed-

ding and place of boarding, regular sleep and avoidance of mental exertion, are of the first consequence in effecting radical or complete cures in all cases which have become constitutional. I have known cases to continue three, six and even nine years, with more or less severity at distant intervals, as different organic functions were successively deranged or were undergoing greater or less lesion. In the earlier stages this malady seems to have affinities to scorbutic affections of the worst type, while the cellular substance suffers as in scarlatina, but in the very protracted kind of cases I have been constantly reminded of the elephantiasis caste of disease lately exhibited in Brazil, Yucatan and Cuba, and had I a right to name it, I would call it *Cuban Fever*.

So long as the suppurative effusion can expend its main force upon the face, throat and exterior neck, remedial agencies must be cautiously employed, lest the diseased action be invited to translate itself upon interior and more vital parts. When typhoid symptoms occur, the patient is sometimes hurried off by a copious flow of coagulable blood from the intestinal canal, and in some instances by blood warm and red cast out by the ureters from the kidneys. It is in the typhous form that this disease acquires the name of *black tongue*, which is commonly the result of failing, by active depletion, to equalize the circulation and general powers of the system at an early stage of the disease. Sometimes the contagion descending through several successive patients from this malignant type of the affection, is very virulent and unmanageable, especially in exceedingly cold weather, but its force always abates in its progression.

As in the rooms of *milk-sick* patients, or typhus fever, smallpox, yellow fever, or bilious remittent fever, peculiar odors designate these diseases to the clinical observer, so also with the affection I am describing. If the room be close, with fire in it, besides the odor referred to, the olfactories are affected by a twinging or tickling sensation, exciting to sneeze, and the palate and throat becoming dry, an inclination to cough is soon irresistible. If one be seated near the patient, his breath, or the *extricated electric forces*, strike the cheeks or any exposed skin, so as to give the idea of soft nettles or flying cob-webs, or insects, touching such surfaces.

I have often seen strangers upon beds, whence fever patients had been removed, or lying upon the *same couch with one having the febrile stage*, who would immediately complain of excessive itching over the body, describing their sensations to be as if fleas, chinces or mosquitoes were tormenting them. On one occasion I found the berth I had taken in a steamboat was too much impregnated for my continuance in it, and procuring another having new mattresses, a stranger went into the former, who next morning, complaining severely of the inflamed state of his eyes, fauces and throat, alleged some fever patient must have left *contagious air* in the berth. This person, who was a preacher, within the two weeks I saw him, had the disease in the plenitude of its variations, but not very dangerously, and as the antrums of the cheeks and frontal bones were throwing out quantities of greenish foetid pus, I suppose that his affection yet continues, though three years have elapsed; nor, at such a place, would it answer to an-

nounce the presence of a contagious disease. I found nearly all that boat's crew had the disease, and most of the passengers had it before leaving; and the steward of the boat, who had occupied the state room spoken of, I found would die in a few weeks under a chronic erysipelatous taint of the glandular system, the cellular disease already inducing an enlargement of the coats of the *arteria innominata*, and an extensive lymphatic occupation of the inferior air cells of both lungs, and from this latter cause his death occurred.

Every winter for years, on long stage lines, I have known stages which had blankets or woollen linings strongly infected: and even the bar-rooms of taverns were often so impregnated, that one directing attention to its detection would never err in deciding whether the room was infected or not.

In 1842, at New Orleans, I saw many hundreds of citizens and strangers having the acute or chronic stages of erysipelas upon them, many calling it mumps, or influenza, or other appellations, as the varying points and degrees of damage to different tissues presented symptoms resembling affections with which they were familiar. After this I had the disease, and treated it by active bleeding and other depletory measures, and experimentally felt the harassing and peculiar symptoms I had often witnessed for six or eight years among the numerous laborers at a manufacturing point, where yearly some fifteen hundred waggons received lading.

From 1833 to the present time I have observed that dyspeptic patients, and all those having any constitutional infirmity of the lungs, are peculiarly marked as subjects for death; indeed, so searching is the pursuit after persons having such disabilities, that in many places none are left alive, whether old, young or middle aged.

To the direct and indirect influences of this anomalous disease fully 16 per cent. of all the deaths in the Southern United States, for eight years past, has been owing; and in sections where the mortality has been  $3\frac{1}{2}$  per cent. yearly of the population, at least a half of one per cent. was a superaddition to the deaths that would occur without its presence.

Of the entire number of deaths immediately caused by the contagious Cuban fever, one third die from a fever of the lungs, and about one third are taken off by cerebral and nervoid affections, either in the primary or secondary stages of the disease, and the symptoms have often intimated to me that there must be a *softening process* in the cranial contents analogous to that sponge-like enlargement visible in the cellular tissue, arterial coats, and even in the denser cartilages.

I give facts as they appeared to my observation, and to thousands of good common inquirers, and probably to many practitioners of medicine, and I have been glad in the last year to find that in many very large districts the disease has totally disappeared, mainly, as I think, from deficiency of susceptible subjects.

During the mild attacks of cholera Asiatica, called *premonitory*, the will of the patient could not control muscular action with accuracy, so that the toes would strike the steps in ascending stairways, and the finger

directed to the lip would reach the nose or chin, and then much free electricity surrounded the exterior cuticular surface. I inferred that so much free electric properties indicated a paucity of living galvanic agency in the body, or a constant and destructive waste, under which not very long healthy functions could be executed. Twenty-four hours before an attack of yellow fever a similar derangement of nervoid capacities happens, and yet for a time the thinking faculties are instinctively acute and active. The osseous, cellular and the nervoid constructions are pre-eminently the voltaic battery of the physiologic frame, and in the Cuban fever the bones express great disaffection. I was for twelve months in a cholera atmosphere, and could discover the difference in breathing upon an elevated point and in neighboring low places, especially after a rain in warm sunshine; to lift the hand an exertion was used as if raising a four pound weight; and whenever this was observed, within a few hours parties would be attacked who remained in such air, and it was remarkable that sometimes on opposite sides of a small stream this gas and pure air could be found. In cholera, nature's great effort was to cast out the half dead chyliferous contents whereby death often ensued immediately; and in erysipelas a primary indication is by hydragogues to remove similar fluids, whereby a healthful tonicity is maintained in the cerebral powers. I have often seen a gas lifted from deep salt pits, which floated as a cloud, would extinguish burning charcoal, and was impenetrable to light, but a red hot iron could sparkle in it, either by letting in oxygen or because it found chlorine qualities in this gas, which though floating could be lifted and poured out like water; and upon animals breathing it, effects were induced like cholera Asiatica.

Among fifty horses, when their drivers had erysipelas, all took the disease, and ten died with symptoms like the *Cuban fever* in human beings; and of 400 cattle, 100 died with disease of the same kind, nor could the affection be arrested until the animals *were dispersed* at new points. During this affection in cattle I observed several milk maids had the genuine vaccine disease upon their fingers, nor could I decide whether the dugs or the milkers first had the affection. This febrile disease in animals was called the Georgia distemper, and it was highly communicable among them.

When the Cuban fever (for so I may call it) first broke out, I observed it most among slave dealers, stock drovers and overseers of plantations, and I know the only reliable way to arrest the poison in slave quarters is to disperse the slaves and to burn or thoroughly cleanse their clothing and rooms. I advised a youth who had the fever in very active form, and was about to enter college, that he would in two weeks disperse a large share of the students; and in this period many left with the disease, nor, there, in two years, has the affection disappeared, though but two died; and those two had it in the form called black tongue, complicated with effects of measles.

To shave with razors used in shaving parties dying with the malignant type, will cause the face to be immediately inflamed, and the effluvia from coffins or any contact with such bodies I know to be highly danger-



ous. Other circumstances alike, the most malignity is indicated in cases wherein the thyroid glands are considerably enlarged. Seeing a case of this kind I advised great care, and leaving one hundred miles, I wrote an urgent letter about the danger of communication from that case, and after death the body being removed a day's journey was exposed, and did cause the early death of fifteen or twenty persons.

Whenever in athletic patients *loss of voice and hearing, with impaired vision and lethargic intellect*, are concomitants, night sweats, spasm of the bowels, hectic fever, hacking cough and most *surprising emaciation* hurry the patient to the jaws of death. In such cases the internal and external pelvic muscles losing their substance, the bones appear pointed and skinny, and the points of the shoulders bear forward as if they would desire to meet upon the sternum, and when these indications advance steadily *there is no hope of recovery*. From the state of the *intellectual portion of the brain* or of the *cerebellum*, or the *spinal cord*, as genuine hectic fever may supervene, and terminate life with as much certainty, as if the hectic symptoms depended on a destruction of the lung. When such cerebral affections exist, various grades of what I call insane ideas and animal propensities become active, and death most unexpectedly and suddenly gives relief.

During the last ten years I doubt whether great armies could in the United States have remained long at any one point without appalling destruction, and it may well be questioned whether the physiological and indefeasible constitution of man's socialism is not too violently infringed by late advances in the arts, particularly as applied to locomotion. I know very few public speakers or travellers have in the South or Western States escaped, and this class of men and many young females even yet have a chronic enlargement of the thyroid glands indicating some danger in the future. I cannot but believe the uses of the thyroid glands subserve a conservative purpose over the nervous power exerted *in breathing and in speaking*, analogous to the vicarious offices of the spleen in regard to the general circulation of blood. The amount of air taken into the stomach, and which in health is disposed of in the chyloferous process, becomes very troublesome in the Cuban fever, at all times when the digestive functions are much impaired, and hence dyspeptics are unhappy subjects of grippe fever.

The motions of the hands, as if expelling mosquitoes from the face or neck, is often the first indication of infection, and if *hydragogue cathartics* be *at once used* for a week the disease will be generally removed, but bathing with cold water and the free use of acids must not be pretermitted. I have witnessed several strange translations of the disease, in the nature of critical results. In one case, when hectic symptoms indicated approaching dissolution from lung-disease, a transfer in a single night to one of the lower limbs presented, though an adult male, a genuine case of phlegmasia dolens, immediately relieving the lungs, and the limb, enveloped in acid-bran and other dressings, discharged from a quart to two quarts daily of purulent fluids. And in several instances I witnessed the purulent inflammation of the lung relieved by copious effusion of fluids

exterior of the lung within the pleura, which becoming imperfectly confined by sac, at last discharged through intercostal orifices and recovery happened after excessive purulent discharges. In several instances I have known these critical depositions happen in the liver; and in two instances, when the collection was in the left side about the heart, this organ was gradually removed out of place toward the right side, where in one instance becoming attached, it may probably remain. Literary men will be in especial danger from *apoplectic* results, always indicated by apparent electric shocks of the brain, about the moment of dropping asleep, or when awake after intense and long thought upon any one subject, and also such parties on first rising to walk will feel as if tilting along with bright specks flitting in the vision and more or less strange sounds annoying the ear.

To remove such significant dangers it is necessary to place the mind and body in as tranquil a condition as possible, and because every grade of despondency is encountered, much tact and professional patience is often called into requisition. Every patient must be put on an invigorating diet, whilst undergoing alterant treatment by hydragogues and tonics, and the physician should acquire his implicit trust, which is easily attained under such circumstances. In the beginning, most cases may be cured, except those strongly predisposed to scrofulous consumption, and nine tenths of all the cases will recover without the aid of more than nursing skill; but if symptoms are at first severe or become suspicious, medical advice should be had very early.

In this letter I have treated the subject with more freedom than in my former letter, still with the design of inviting professional men to renewed inquiries into the causes of the increasing mortality from *pulmonic fever* and *apoplectic causes of death*.

With high regard I am

Your ob't serv't,

Nashville, Tenn., July, 1845.

A. McCall.

#### DISEASE OF THE UTERUS—ABORTION TWICE INDUCED.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case has been the cause of intense anxiety to me, and cannot fail to interest your readers. For the first time in my professional life, I publish anonymously; not from any consciousness of impropriety in my practice, for of that my self-esteem and a conviction of the available nature of the little knowledge I possess (pray heaven it may increase) quite exonerate me. Motives of delicacy to others, prevent an association of my name with a case which, were it done, might compromise those whose friendship I esteem next to my own reputation. You will easily recognize your correspondent, and I should feel gratified if you would append a comment explanatory of your own views in the matter.

Mrs. ———, aged 35, of a nervo-sanguine temperament, and in good general health, the mother of four living children, requested my attendance during the summer of 1843. A few questions touching her then

existing symptoms and previous history made the existence of pregnancy at the second month highly probable ; in short, all the symptoms were present. On my announcing my conviction of that state, great disappointment was evident, although the lady had from previous experience arrived at the same conclusion. Her youngest child was 8 years of age, and on my remarking on that fact with an apparent design to elicit the cause of the interruption of gestation for so long a period, she gave me to understand it was designed, though nothing more than the ordinary precaution of married persons had been taken. The cause alleged for her unwillingness to bear children was, a progressive difficulty in her labors, until, as she expressed herself, the last was far worse than death could possibly be, and she more than intimated that she would anticipate her sufferings by suicide. From a thorough knowledge of her temperament and mental training, I gave full credit to her threat. Her family physician, a very eminent and worthy man, had assured her that the presentations were all natural, and that the difficulty attending the labors originated in the extreme "unwillingness of the womb to open." Her only reason for sending for me was, that she had urgently requested him to produce abortion in the last case, and he refused. She calculated firmly on my friendship to do it for her, and assured me solemnly that she would take her life if I or some one else did not comply. Although her own and her husband's importunity had not the least effect in causing me to assent to such a request, I thought it proper to make an investigation of the condition of the parts, with a view to elicit the cause of the difficulty in parturition ; and I must say I was surprised that her physician had not yielded to her desire ; the cervix was actually in a state of scirrhus, certainly more than twice its normal diameter, and studded with several projections from the size of a large pea to that of a cranberry, one at least being the latter size. I proposed a consultation with her physician, which she positively declined, as well as with any other—assuring me again most earnestly that I alone should do all that was to be done, or she would seek other aid, and that of an empirical character. Well knowing the tender mercies of such wretches, I hesitated, and finally concluded to do it. My reasoning was this. The afflux of blood for the production of the new being, or, to speak more learnedly, the physiological hypertrophy, must necessarily increase the disease ; whilst the unavoidable tendency to abortion, and that, too, at a more dangerous period for flooding, together with the dreadful anticipation of protracted and inefficient pain, and the terrible threat of my patient, determined me.

The result proved the absolute inability of the uterus to expel its contents, for the os tincæ did not dilate, and we only knew of the cessation of gestation by the discharge and subsequent appearance of the menses, for we never saw the fœtus or its involucre.

An earnest representation of the great danger of subsequent conception, and a promise of the adoption of the only method by which its impossibility could be ensured, has, alas, been followed, during the last month, by a renewed application for my interference. The disease has

evidently much advanced—the cervix now being full two inches and a half in diameter, and the os tincæ quite scirrhus, easily admitting the end of the finger. I have again yielded to circumstances, and the case is terminating favorably, so far as the pregnancy is concerned.

I have related a combination of circumstances, which being quite novel to me, and having no precedent to govern my actions, has caused me great anxiety. It is offered for publication, though disagreeable to my feelings, from a sense of duty. I hope none of your readers may require such a precedent for their guidance in a similar emergency.

*Sept. 2, 1845.*

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#### PERFORATION OF THE STOMACH.

By W. M. Carpenter, M.D., New Orleans.

THE following case occurred in Louisiana, and the facts, with the stomach, its contents, and the liquid effused into the peritoneal cavity, were submitted to me for examination. A young lady, aged about 18 years, apparently in good health, was attacked a short time after dinner with excruciating pains in the abdomen, accompanied with severe retchings to vomit, but little, however, was thrown up by these efforts. The symptoms came on suddenly and increased in severity very rapidly. The pulse was variable, but small, the skin became cold and clammy, the abdomen swollen, tumid and tender to pressure; the face, at first flushed, soon became pale, and the features collapsed, and she died about 12 or 14 hours after the accession of the attack. From the severity and rapid course of the disease, but little doubt was entertained that she was poisoned. Some trivial circumstance led to suspicion being attached to a negro woman, an old servant of the family, who was consequently taken up and sent to prison to await her trial. Suspicions of a different nature were entertained by some, who suggested suicide by poisoning. The examination of the body at once and satisfactorily negatived this latter idea, by showing the non-existence of the motive to which the act was attributed; but was regarded as decidedly confirmatory of the suspicion of poisoning. No trace of disease was discovered except in the abdomen. The stomach was found nearly empty, and its contents effused into the peritoneal cavity, which was intensely inflamed. The stomach was discovered to be perforated anteriorly near the middle of the greater curvature, by a nearly circular aperture larger than a dollar, the margins of which were rather even, and of tolerably firm consistence, and having a bevelled form in consequence of the inner coats being removed to a greater extent than the peritoneal covering. No other corroded point was discoverable in any part of the organ, nor was the mucous tissue softened, and showed no traces of high inflammation. The margins of the aperture were darkened or rather blackened, and black striæ or marks were observable in other parts of the organ. The fluid taken from the stomach and peritoneal cavity, were examined and tested by means of the ammoniated sulphate of copper, but without the requisite precaution of

eliminating from the suspected liquid the organic matters, which were mixed with it. A green color, regarded as Scheele's green, being obtained by this test, the presence of arsenic was considered as demonstrated.

When the stomach, its contents, &c., were brought to me, my first impression was that no corrosive could produce such a condition except strong sulphuric acid, and this was not likely to limit its action to any one point, as was the case here. When the organic substances were moved from the fluid, no coloration was produced by the copper test, and the other tests, as well as Marsh's apparatus, were used without detecting a trace of the presence of arsenic or any other poison. A portion of the stomach was likewise submitted to a careful examination, with a like want of success in discovering any poisonous substance.

The inevitable conclusions were: 1st, That the lady did not come to her death by poison, but by peritonitis, resulting from the escape of substances from the stomach into that cavity. 2d, That the aperture by which this escape of the contents of the stomach took place, was produced by the perforation of the coats of that organ by insidious disease, or by some unknown cause.

The prisoner, unquestionably innocent of the crime for which she was to be tried for her life, was released without a formal trial; for most of those concerned were satisfied that she was not guilty.

This case is doubly illustrative—first, of the necessity of judging cautiously from symptoms and *post-mortem* appearances—and secondly, of the importance of using every precaution before using chemical tests, for the detection of poisonous substances, in criminal cases. It is hardly necessary here to remark that the appearance of the color produced by the ammoniated sulphate of copper might have resulted from the presence of many organic acids or their salts, and consequently no reliance could be placed on such a result.—*New. Orleans Med. and Surg. Journal.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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B O S T O N ,   S E P T E M B E R   1 7 ,   1 8 4 5 .

*Mastodon Skeleton.*—A better opportunity never presented, in Boston, to those who have any taste or love for studying comparative anatomy on a gigantic scale, than is now offered. Of all specimens in osteology, the skeleton of a mastodon is the most rare. Medical gentlemen and students should visit the great curiosity now on exhibition in Franklin street. Besides the complete and full-grown skeleton, there are in the same apartment the jaws and two skulls of mastodons of different ages and dimensions. Even the milk teeth of the infant monsters may be seen, peeping above the alveolar socket. Whatever belongs to the natural history of this magnificent race of extinct quadrupeds, is of the highest interest. Once they were the uncontrolled animal monarchs of this continent; but why, in the economy of Providence, the race was swept wholly out of existence,

can never be explained, nor can the epoch of their universal extinction throughout the world be defined. That they once lived, is true—ages upon ages, it is believed, before the creation of man.

The mastodon now exhibiting was found about a year since in Warren County, New Jersey, five miles west of Schooly's Mountain Springs, near Hacket's Town, on the farm of Abraham Ayers. In the rear of Mr. Ayers's house there is a mountain, about 800 feet elevation above the valley at Hacket's Town. On the top of this mountain there was a small pond or basin, about 40 by 60 feet in diameter. In October last Mr. Ayers drained this pond for the sake of the rich earth it contained. About six feet under this rich sediment he struck on the mastodon bones, five of the skeletons of which were all lying together. One crumbled entirely to pieces as soon as exposed to the air, as also did parts of three others. The sixth and large skeleton, nearly perfect, now standing erect and exhibiting as above mentioned, was found about ten feet from the others, lying on its side in a natural position, evidently undisturbed since it died, as the back bone so nearly retained its natural curve and shape that Mr. Ayers ran a pole through it. This large one measures 22 feet long, and would stand between 11 and 12 feet high if the hall would admit of it.

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*Lee's Pills.*—To have resided in New England and not know Lee's pills, argues oneself unknown. The time has been when they were a remedy for all human maladies in many of the States of the Union. Of late, like bank bills, they have been sadly counterfeited, so that it would puzzle the original proprietor to designate his own manufacture by the test of all his senses—though it is presumed he has too much sense to take one into his own stomach. Why should he? Pills were made to sell, in the language of trade; not to be swallowed by reasonable, reflecting people, who have any regard for their physical well-being. Another class of men have got possession of the stage since the epoch of Dr. Lee's greatest celebrity, who sell all sorts of strange boluses, utterly regardless of the prior claim of the great Connecticut pill Sachem, and they are therefore looked upon by the old Lee-pill takers, of a waning generation, with a becoming horror. Instead of being led away by the seductive advertisements of unprincipled dealers in patent medicines, the few remaining individuals of that respectable multitude who used to take the genuine Lee's pills on all occasions and under all aspects of the stars, still adhere to their first love, and still take them when sure they are the real—a point determined among the initiated by the old-fashioned tin box, enclosed in envelops enough to blanket a papoose in January. A correspondent furnishes the following recipe for constructing the true Lee's pills: "R. Aloes opt., 3 xii.; scammony Alep., 3 vj.; gamboge, 3 iv.; calomel ppt., 3 v.; jalap, 3 iij.; sapo Castil., 3 j.; syrup buckthorn, 3 j.; mucilage gum Arabic, 3 vij. The above being well incorporated, add the syrup and mucilage, and beat it in a mortar to a mass without adding any more syrup. Divide two drachms and a half into twenty-four pills. Dose from one to three or four pills."

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*Watson's Practice of Physic.*—A second American edition, from the second London, revised, with additions, by that very accurate editor, Dr.



Condie, of Philadelphia, may be had in Boston at Mr. Mussey's, Cornhill. Our views are in no way changed in regard to the intrinsic value of this excellent series of lectures on the Principles and Practice of Medicine. In its typographical dress, this edition has the usual appearance of everything that emanates from the press of Messrs. Lea & Blanchard, of Philadelphia; and in the next place, it sells for a reasonable price. The volume contains 1060 octavo pages.

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*Obstetric Medicine and Surgery.*—Through Mr. Mussey, the publisher in Cornhill, a copy of a second Philadelphia edition of "The Principles and Practice of Obstetric Medicine and Surgery, in reference to the process of Parturition, illustrated by one hundred and forty-eight figures, by Francis H. Ramsbotham, M.D., &c. &c., from the enlarged and revised London edition," has been received. So much is known of the capability of Dr. Ramsbotham in this department of medicine and surgery, and his writings have been in such constant demand, that it is gratifying that they are placed at the disposal of the American physician at a far more reasonable rate than they were in England or on the Continent. When a former comment was made on this same production, we resorted to every proper argument, based on the real merits of the volume, to make it extensively read by our readers. Any elaborate encomium, therefore, which we might feel it our duty to bestow on the present beautiful edition, would be essentially a repetition of a former notice. The great number of plates which are interspersed through the text, and their accuracy, give extraordinary interest to the whole. This, too, is from the thrifty establishment of Messrs. Lea & Blanchard, and is truly a great octavo, containing 513 pages.

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*Hoblyn's Medical Dictionary.*—Messrs. Ticknor & Co. have this convenient book, which has found friends wherever it circulates. After being made as complete as the author felt that he could make it, and yet keep it within a moderate price and portable too, Dr. Hays, of Philadelphia, has made additions, and therefore the American edition must surpass in value all that have preceded it. For a table dictionary of medical terms, its conciseness is a recommendation, if there were no other good qualities belonging to it. A vast collection of technicalities is put into a small space, with such a multitude of new names, as to make any of the modern professional publications, with its assistance, perfectly comprehensible to a beginner. Dr. Hays expresses himself thus:—"The object of the work is to present the student, in a concise form, an explanation of the terms used in medicine and the sciences connected with it, by giving their etymology and signification." No further explanation of the value or character of this plain, unpretending guide to study, is necessary. Published by Lea & Blanchard.

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*Half Yearly Abstract of the Medical Sciences.*—An endorsement in a pencil mark was written on the cover of the first No. of this work—"The cheapest medical book ever published," which seems to be literally true. This No. is an octavo of 371 pages, compactly printed; and two

of them—for there are to be two Nos. each year—will give a volume of 742 pages—for only one dollar! Subscriptions may be entered in Boston with Messrs. Ticknor & Co. and Saxton & Kelt, on Washington street. Of course the whole is a reprint, from the London edition, published by J. & H. G. Lungle, New York. W. H. Ranking, M.D., is the originator and editor. As the title imports, these semi-annual abstracts contain, like Braithwaite's Retrospect, the cream of other medical publications. We used to think anybody could make a book with a pair of scissors; but years of observation convince us that it requires a rare order of talents, to say nothing of the judgment necessarily exercised in the business, to construct a good digest of the current medical science of the day.

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*Morrison's Pills in Servia.*—Mr. Paton, a recent traveller in Servia, mentions the following curious fact regarding the extensive use of English quack medicines among the Turks. At Sewendia, a large town, the major of the place, after swallowing countless boxes of Morrison's pills, died in the belief that he had not begun to take them soon enough. The consumption of these drugs at that time (1843) almost surpassed belief. There was scarcely a sickly or hypochondriac person, from the hills of Presburg to the iron gates, who had not taken large quantities of them. Being curious, says Mr. Paton, to know the cause of this excessive consumption, I asked for an explanation. "You must know," said an individual, "that the Anglo-mania is no where stronger than in this part of the world. Whatever comes from England, be it Congreve rockets or vegetable pills, must needs be perfect."

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*Waters of the St. Lawrence and Ottawa.*—Mr. Rottermund, who is conducting a geological survey of the Canadas, has furnished the following analysis of the chemical composition of the two celebrated rivers, which run by Montreal and Quebec.

"The waters of the St. Lawrence which flow past Montreal, are of two kinds: the one, coasting along the right side of the river, appertains to the Ottawa; the other, flowing on the left side, comes from the Upper Lakes. These run together for several leagues without intermingling, a fact demonstrable from the preservation of their respective colors. The St. Lawrence water possesses a fine blue color, that of the Ottawa approaches to a brown. Both kinds are very pure, differing from distilled water only by .002 or .003; for by taking the specific gravity of distilled water as unity, the specific gravity of the St. Lawrence water is 1.0036; that of the Ottawa water, 1.0024; their temperature being 66 deg. Fahr. while that of the air was 82 deg. Taking into consideration the specific gravity of the two waters, we can understand why they do not easily intermingle; this arises not only from a difference in the amount of saline matter dissolved, but also a difference in its nature; both contain chlorides, sulphates and carbonates, with bases of lime and magnesia, but the St. Lawrence water moreover holds in solution carbonate of lime, and, in consequence, is not so well adapted for culinary purposes, as this salt deposits itself readily when fluids containing it are heated, and their bulk diminished by evaporation. Both contain equal quantities of atmospheric air in solution, to the amount of 446 per cent. From a litre (57 cubic inches, about a quart) which I evaporated to dryness, I obtained so small

a quantity from the Ottawa water, that I found it difficult to weigh it with perfect precision, but I estimated it at 1.5 grains; while I obtained from the same quantity of the St. Lawrence 2.87 grains of solid residue. The quantitative analysis from 57 cubic inches of each gave me as follows:—

|                             | St. Lawrence | Ottawa.     |
|-----------------------------|--------------|-------------|
| Sulphate Magnesia - - -     | 0.62 grs.    | 0.69        |
| Chloride of Calcium - - -   | 0.38 "       | 0.69        |
| Carbonate of Magnesia - - - | 0.27 "       | 1.07        |
| Carbonate of Lime - - -     | —            | 0.017       |
| Silicia - - - - -           | 0.31 "       | 0.50        |
|                             | <hr/> 1.58   | <hr/> 2.877 |

*"Confessions of a Magnetiser Exposed."*—It would be a nice question to decide which was the deepest in the mire, the repentant operator who wrote the Confessions, or Mr. La Roy Sunderland, who has exposed the hoof of one of his own feet in showing up the iniquity of a brother chip. To be perfectly satisfied with one's self, in the full belief that the world is astonished, must be an exceedingly comfortable feeling to a man of vanity. Hear the great exposé. "The new theory of the mind, or what I believe to be such, I published in my work before alluded to, some three years ago. It was, I believe, the first ever issued in the English language, in which an attempt was made to show the falsity of the opinions hitherto prevalent, in relation to the agency of a fluid in the production of the results peculiar to a state of induced somnambulism." Strange the earth has not been shaken! Where is Dr. Buchanan, the neuralgic philosopher, who made the nervous fluid run like a mill race, in solving all phenomena of mind or body.

The Exposition, from beginning to end, is a bag of wind; yet it may assist the Rev. La Roy Sunderland, we opine, to get a penny extra, while it serves as a kind of apology for thrusting before a worn-out public, the thread-bare topic of pathetism—a science exclusively the proper of Mr. S., the discoverer.

*New Orleans Medical Journals.*—The projected Louisiana Medical and Surgical Journal, by Drs. Carpenter and Harrison, of New Orleans, which we noticed some weeks since, has been united with the New Orleans Medical Journal—that is, these two gentlemen are hereafter to be associated as editors, with Drs. Fenner and Hester, in the management of the Journal which has been published in that city for the last year or two, carrying with them whatever of influence and support they had collected for the new undertaking. This appears to us a wise movement, and the Journal, thus aided, cannot fail to maintain the good reputation which it has already won.

*New Obstetrical Forceps.*—TO THE EDITOR. DEAR SIR,—In constructing the obstetrical forceps which you will receive from Mr. Burnett, I endeavored to obviate, by the peculiarity of a sliding joint, the necessity of resorting to the extreme force usually employed in removing the fœtal

head, by instruments, when impacted in either strait. In adjusting the instruments the blades are to be separated and introduced singly after the old method; but you will observe that it is not necessary to place the clam of each over the same portion of the head in order to close the joints, as they slide upon the shafts and can be united, although the clams are placed over different portions, and as it often occurs that a single blade only can be introduced and adjusted in a perfect manner. The superiority of this will be apparent from the fact that the clam of one blade can be applied, allowing the base to reach below the margins of the occipital and temporal bones, as the case may require, and the other may be placed over the ridge of the parietal without lessening the effective power of the forceps; and by the above arrangement, and the application of proper extractive power, the diameter of the head may be easily made to adapt itself to that of the passage, without the exertion usually required on the part of the accoucheur.

Yours respectfully, E. R. SMILIE.

Boston, Sept. 6th, 1845.

*Sickness in Armies.*—Vaidy, in his article "Hygiene Militaire," in the "Dictionnaire des Sciences Medicales," states that, under the most favorable circumstances, an army will furnish about 5 per cent. of sick. During a campaign, not less than 10 per cent. must be calculated on, and in the event of reverses or other untoward circumstances, this becomes immensely increased.

*Medical Miscellany.*—A case of death in a farmer is recorded in London, caused by guano dust in his throat, which produced hemorrhage, vomiting, &c.—It is asserted that Hahnemann once said, "I give medicine but very seldom, although I always prescribe small powders! I do this for the sake of keeping up in the patient's mind the firm belief that each powder contains a particular dose of some medicine"!—Francis Roach died on the 9th, near Edwardsville, Illinois, at the age of 107.—A large medical class has assembled at Dartmouth College, we understand.—Dr. A. J. Prince, of Newburgh, N. Y., is setting up the skeleton of the mastodon recently found in that town.—On the first of May, there were in the House of Industry, South Boston, 84 boys between the ages of 4 and 10, but only 11 girls. In the institution, there were 341 males and only 196 females. This shows that there is a greater demand for female than male laborers.—At Attakapas, La., 13 persons in one family recently died of congestive fever.—The last overland mail brings intelligence of the cholera at Lahore and neighborhood, in the East Indies, where deaths averaged from 500 to 700 a-day. It was announced that between 20 and 30,000 had already died. It had also made its appearance at Terazepore.

MARRIED,—At Northampton, Mass., Caleb Green, M.D., of Homer, N. Y., to Miss Roxana R. Parsons.

Number of deaths in Boston, for the week ending Sept. 13, 52.—Males, 28; Females, 24. Stillborn, 2. Of consumption, 2—disease of the bowels, 15—disease of the brain, 4—apoplexy, 2—old age, 1—infantile, 7—hooping cough, 2—marasmus, 2—suffocation, 2—typhus fever, 4—hemorrhage, 1—croup, 3—inflammation of the bowels, 1—burn, 1—lung fever, 1—dropsy on the brain, 2—cholera infantum, 2—palsy, 1.

Under 5 years, 33—between 5 and 20 years, 3—between 20 and 60 years, 8—over 60 years, 3.

**Rheumatism.**—Dr. Dunglison, in a late Clinical Lecture at the Philadelphia Hospital, remarked, that at present there seemed to be a peculiar condition of the atmosphere—a sort of *constitutio aeris*—to use the language of Sydenham—which is inappreciable—favorable to rheumatic affections. There appears, too, to be a tendency to certain articulations rather than to others, as in nearly every case the shoulder-joint is affected. He reminded the class that he considered rheumatism to be largely neuro-pathic, and certainly not identical with ordinary acute inflammation.

In the case reported some weeks since, a perfect cure was effected by means of sulphate of quinia. This agent has proved no less successful in numerous other cases that have since occurred in the hospital. In the vast majority, it was sufficient of itself to effect the cure, but in a few, from the unusual degree of vascular excitement, the application of cups to the spine was advisable. This situation for topical bleeding was selected, not from a supposition that the medulla spinalis is diseased in such cases, but from its convenience, and its being a most sensitive surface. Sometimes it becomes necessary to give large doses of opium to allay the pain and excitement. This agent, being a powerful narcotic and sedative, exerts its influence—the professor thinks—much in the same manner as quinia, which, in large doses, is markedly narcotic and sedative. It will be found exceedingly beneficial in many cases of acute rheumatism, and is highly recommended, as a most powerful remedy in the disease, by Dr. Christison. The professor here desired the class not to be misled by the opinion that opium is always a stimulant. This belief has been long held by many, but is unquestionably erroneous. In small doses it is certainly a stimulant, but in large ones its sedative action is manifested in a marked manner. Where sedation is desired, it should never be given in less than  $2\frac{1}{2}$  or 3 grain doses. The lecturer thinks that sulphate of quinia may be given fearlessly in every case. He has never witnessed any injurious effects from its employment, and, as before observed, he regards it in full doses a potent sedative. It has been prescribed in every stage of intermittent, without producing any signs of a stimulating agency. Even the pulverized cinchona has been employed, without any injurious effects, in the hot stage of that fever; although, from its containing much indigestible matter, as woody fibre, it might have been inferred that it would prove exciting, and consequently deleterious. Before administering the sulphate of quinia in these cases, it may be well to pave the way for its action by some mild cathartic, although this is not indispensable. The dose of the sulphate, which may be 18 or 20 grains daily, may be gradually increased, care being taken to suspend it on the supervention of any symptoms indicative of its influence on the nervous system. When the excitement in acute rheumatism is very high, it will be proper to resort to depletion; but this should not be carried too far. The plan of treating rheumatic affections by the sulphate of quinia the professor has found extremely successful, both in private and public practice.—*Med. Examiner.*

**Salacine.**—Dr. Fenner, of New Orleans, whose experiments with this article are noticed some time since, says in the last No. of the New Orleans Journal—"I have now tried this remedy in twenty-two cases, but have desisted for the present, on account of the expense of the article in the large doses requisite. I shall report the result of my observations at a future time."

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 8.

REMARKS ON THE CAUSES, SYMPTOMS AND TREATMENT OF  
DIARRHŒA AS IT APPEARS AT WETUMPKA, ALA.

By James C. Harris, M.D.

THE towns of East and West Wetumpka, connected by a fine and apparently durable bridge, are situated upon both sides of the Coosa river, at the foot of the falls of the same name, and head of steamboat navigation, in latitude  $32^{\circ} 30'$ , and longitude west from Washington  $9^{\circ}$ . These have been by legislative enactment erected into and constitute our city, containing upwards of 2000 inhabitants, several schools, four churches, and the State Prison, together with immense water facilities for the propulsion of all kinds of machinery.

Thus situated, with many internal evidences of her own greatness, in the untiring zeal and enterprise of her citizens, surrounded upon all sides by an intelligent, and upon the west and south a dense and wealthy population, she holds out to the merchant, artizan, and capitalist, for a permanent location in their different avocations, a fair prospect of pecuniary reward.

The site of the western town is a level sandy plain, cut and interspersed with an occasional ravine and lagoon, terminating rather abruptly at the river-bank in a high bluff; not so, however, with the eastern; here a greater portion of the town is so completely hemmed in with a range of high hills extending its whole length and rising several hundred feet above the level of the river, that at many points there was scarcely space enough between their base and the water's edge, for a broad street and the erection of the necessary business buildings.

These hills sloping back with gentle acclivities, and terminating in level tops, afford most desirable sites for the erection of private residences, and from one of which, to the admirer of the works of nature, the prospect is enchanting. To the south and south-west, as far as the eye can reach, nothing is to be seen but one extended landscape, interspersed with forests, fields, and farm houses, whilst at your feet, sweeping in silent and unbroken majesty, roll the gushing waters of the Coosa. The agitation of these waters in their passage over the falls, causes the evolution of a large amount of vapor, which during the day, by the action of the sun's rays, is heated, attenuated, and suspended in the atmosphere; to be precipitated at night-fall in copious showers of dew, giving to the air of our vicinity an unusual, and at times unhealthy degree of dampness,



With these preliminary remarks I will proceed briefly to the enumeration of some of what we consider the most prominent causes, in the production of the disease under consideration; and first the geological situation of our city, it being in a low southern latitude, and surrounded by causes known to be favorable to the generation of malaria; secondly, the dampness of our atmosphere; and thirdly and lastly, diet and exposure. I do not wish, however, to be understood as meaning to convey the idea that I consider the combined operation of all these causes necessary to the production of every case of diarrhœa as it prevails here; far from it; as we have had many proofs, drawn from extensive observations, of the reverse, any one of them in excess being sufficient to excite and continue a very troublesome form of the complaint.

Dr. Drake, in one of his travelling editorials (in *Western Journal of Medicine and Surgery* for July, 1843), speaking of the diseases of our section, remarks that a chronic diarrhœa, which prevailed here much more than in any other part of the State, had been attributed, by some of the medical gentlemen of Wetumpka, to a micaceous impregnation of the water. This opinion, though apparently plausible, will, upon a moment's reflection, be discovered to be entirely untenable, from the fact that a large amount of this mica sparkles in the soil of all the adjoining counties, issues in the water of their springs, and is deposited upon standing from the same in great abundance; and yet those who are in its daily employment are comparatively as exempt from all forms of bowel disease, all other things being equal, as any other portion of the population of the State. True, in the Valley of the Alabama, and its larger tributaries, where the micaceous deposit is found perhaps in greater quantities than anywhere else, the population are more obnoxious to diarrhœa than where it is not so abundant. Still we think that the fact must and can be accounted for upon other principles, else we should have it prevailing at all seasons alike, or at least so long as the remote cause, this admixture of mica with our water, continued to operate. Taking it for granted, then, that the above substance exercises no agency whatever in the production of diarrhœa, as it prevails here, we are irresistibly led to turn our attention to the study of the causes that are known to produce bowel disease in other climates, and see if we are not furnished with a solution of the difficulty.

The position laid down, and so ably maintained, by Dr. Cooke in his lectures, to wit, "that the same remote causes produce both fever and fluxes," does in our humble opinion afford most ample and conclusive reasons, not only why the citizens of the Valley of the Alabama and its larger tributaries, but those of all other low malarious districts, should be more liable to diarrhœa than those of the more high and healthy latitudes. Then if we have a cause operating throughout the spring, summer, and fall months, adequate to the production of diarrhœa in other latitudes, need we be surprised at its prevalence in this section of country, where all the elements necessary to the formation and evolution of malaria are so abundant as they are throughout the whole southern portion of our State.

This remote cause acting upon the system through the medium of the lungs, and occasionally developing the disease, needs only some imprudence and exposure, or improper diet, conjoined with the known and acknowledged dampness of our atmosphere, to develop the worst and most intractable forms of diarrhœa.

*Symptoms.*—Dysentery and diarrhœa, two of the forms of disease to which the alimentary canal is liable, differ from each other more in degree than anything else, chronic dysentery being scarcely distinguishable from diarrhœa, and frequently here in their conversations by the faculty confounded; the distinction, however, is not of much if any practical importance.

In the incipient stages of diarrhœa the tongue is more or less furred; the pulse accelerated; the bowels excitable; the alvine evacuations usually preceded by a murmuring noise, and discharged with more or less griping and pain; the liver ceases to perform its proper functions, its healthy secretions being entirely suspended, no admixture of bile whatever appearing in the stools, which are now entirely protean in size, consistence and color; as the disease advances the stomach usually becomes affected with sickness; the countenance grows pale, or sallow, and the skin generally dry and rigid; ultimately, from the absorbents failing to take up the chyle as in health, great debility and emaciation, with dropsy of the lower extremities, supervene.

At this stage of the complaint, you will frequently be informed by your patient that his tongue is sore, and importuned to do something for his mouth. Upon examination you will discover that his tongue presents a shrivelled and cracked appearance, resembling more a piece of raw beef than anything else; the fauces present a similar appearance, with the exception of now and then a little ulcer; great thirst, with a general soreness extending down the œsophagus, and throughout the whole chest, and severe lancinating pains in the different portions of the alimentary canal are also present.

These symptoms, if not arrested speedily, terminate in death, in consequence of disorganization of the mucous membrane of the intestines, from chronic ulcerative inflammation, constituting one of the most intractable forms of the disease; and in fact the only strictly unmanageable one that has prevailed in this vicinity.

*Treatment.*—In the consideration of this, the third and last proposition contained in the heading of this article, I shall not attempt a rehearsal of the various plans of treatment and remedies that have been recommended and tried, by different members of the profession, but confine myself to such only as are of acknowledged utility, and in this shall be as brief and concise as the nature and importance of the subject will admit. The successful treatment of any form of disease depends, to a greater or less extent, upon a correct understanding of the causes that have conspired in its production, and in none more so than in diarrhœa; and as the liver and skin, in our opinion, are always greatly if not wholly at fault in the one under consideration, to these our remedies should be addressed, and they should be of a nature that are known under ordinary

circumstances but seldom to fail in the restoration of healthy action to these organs, and for this purpose we know of nothing better than some one of the mercurial preparations in combination with ipecac. and opium. Then if the patient be but recently attacked, tolerably plethoric, with furred tongue and febrile excitement, I would commence the cure with purgative doses of calomel, or calomel and Dover's powder at intervals, to be carried off at the proper time, if necessary, with castor oil or rhubarb. When the liver is sufficiently excited, the impression may be kept up by the exhibition, every two or three hours, of one of the following pills:—  
*R.* Calomel, grs. xx.; opium opt., grs. v.; ipecac. pulv., grs. xx.; camph. gum, grs. xx. Divide into 20 pills.

The effect of this combination is almost universally to arrest the inordinate peristaltic action of the intestines, relieve the griping, and soften the skin; should they succeed in keeping up the impression produced upon the liver, which they most generally will, it should be continued by the daily administration of four or five of them until relief is afforded, or a slight soreness of the glands of the mouth and throat is felt. During the administration of this remedy, the diet should be of as mild, nutritious and unstimulating a character as possible, such as water gruel, chicken water, &c. Flannel should be worn next to the skin, and as far as practicable all exposure to a cool or damp atmosphere should be avoided.

The plan, now becoming pretty generally fashionable throughout the south, of having a fire kindled in the parlor or bed-chamber about sun down, will be found an admirable regulator for those laboring under diarrhœa. The taking also of a hot and strong decoction of ginger tea, upon retiring to bed, will be found serviceable in warding off those small local determinations that frequently create, during the early part of the night, a desire to evacuate the bowels.

During the summer and fall of 1838, whilst stationed with the 3rd regiment of artillery, United States Army, at camp near Missionary Hill, Cherokee nation, east, I had an opportunity of witnessing, under the direction of the distinguished and lamented Dr. Samuel Forry, the good effects of the above plan of treatment. The doctor had spent several of the preceding years with the army in Florida, and had, from his great scientific attainments and practical skill, been placed in situations where he could enjoy the greatest field for observation. He informed me that the foregoing plan had been pursued by himself whilst at Tampa Bay, Black Creek and Fort Jupiter, with great and unparalleled success, and that many of the soldiery had thereby been rescued from untimely graves, and returned to their families and homes in the enjoyment of comparatively good health.

In my hands both the mineral and vegetable astringents, such as the sacch. saturni, kino, catechu, alum and tannin, have all failed of their vaunted good qualities; neither have I seen the good effects result from the single or combined exhibition of the muriatic or nitric acids, as I had been taught to anticipate. In cases of great debility I have seen some little benefit derived from their tonic properties, internally administered, but nothing further, and they are not near so powerful in this point of

view as the ferruginous preparations, and of these the carbonate of iron, or the muriated tincture, are the best, and with which the system should be gradually charged, as we decline our mercurial preparations.

Mineral waters.—Of these, those containing the largest proportion of iron, with a small trace of sulphur, are best adapted to produce the ends desired; and I would most earnestly advise all those laboring under chronic diarrhœa, to an early pilgrimage to one of those fashionable and healthy fountains of resort. The mere travelling through the mountainous regions of Tennessee and Kentucky, where these waters abound, super-added to the change of climate, and from the soft free-stone, to the hard line-stone waters of those regions, has been known to effect most remarkable cures.

In conclusion, I shall feel highly gratified, and as if I had not lived in vain, should the preceding imperfect remarks answer no other valuable purpose than to cause some one, more able to do the subject justice, to furnish the profession with a more extended paper.—*Western Journal of Medicine and Surgery.*

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#### CASE OF PARTIAL ANÆSTHESIA, WITH REMARKS.

By Wm. M. McPheeters, M.D., St. Louis, Mo.

CHARLES McL., æt. 38. Born in Ireland. Follows the occupation of carriage driver; of stout robust frame and temperate habits. Has always enjoyed good health until about three months ago, when he arrived in New Orleans from New York. Here he was exposed night and day for some time to cold, dampness and sudden vicissitudes of temperature, during which time he underwent great bodily fatigue and was "troubled in his mind." He now began to experience a crawling sensation, accompanied by pain in both his legs, from the knees down. This feeling increased until there was an entire loss of sensation. When he put his feet to the ground the same feeling was experienced as though they had been "asleep."

July 16th, 1845.—Saw him for the first time. Has a tremor of all the muscles of voluntary motion, somewhat resembling paralysis agitans, of a mild form; walks unsteadily and with difficulty; has lost all sensation in both legs below the knees; feels no pain when pricked by a pin or sharp instrument; this I tested by running a pin almost up to the head in both legs. Motions of the limbs unimpaired, except so far as they are affected by the loss of sensation—that is, he moves his feet as though they were so much dead matter attached to his body. Above the knees sensation is perfect. Complains of numbness and loss of sensibility at the ends of all his fingers, save one—the ring finger of the left hand; this numbness extends no farther than the first phalanges. A similar feeling is also experienced at the top of the head, just on the crown. Bowels open regularly, pulse small and feeble, countenance good, intelligence unimpaired. Has no tendency of the spine whatever, although severe pressure was made along its course. Manifests the

greatest desire to recover his "feeling." Says that he had rather die than remain in his present condition. Ordered dry cups to the spine, to be repeated every other day; stimulating frictions to the legs and ends of the fingers, and a pill, consisting of one grain of sulphate of iron, and three grains of ingredients of pill rhei comp. three times a day; entire abstinence from tobacco and coffee, and a mild but nutritious diet.

22d.—General condition much improved; tremors less; walks with more steadiness. Treatment continued, with occasionally a tepid bath.

31st.—Sensation is beginning to return; walks without his cane; legs sensitive to the prick of a pin, and can distinguish the smallest object between his fingers. This he was unable to do before. Feels greatly encouraged, and is in fine spirits.

Aug. 11.—Has continued to improve since last note. At present is so entirely restored as to require no farther treatment.

*Remarks.*—This case presents some points of interest. At first, regarding it as a case in which there was a deficient generation of nervous force, produced by a want of hematasine, and a general impoverished condition of the blood, the result of over exercise of mind and body, superadded to cold, I put the patient on tonics, with stimulating applications and counter-irritation. But the rapidity with which the symptoms yielded to treatment proves that this could not have been the pathological lesion, otherwise a longer time would have been required to effect a cure. It is probable, therefore, that it was only an atonic condition of the nerves of sensation, or an irregular distribution of nervous force, brought on by exposure and over exertion. Had the patient been bled, and put on a general antiphlogistic course, the blood would have been rendered thin and watery, and convalescence consequently retarded. This, I am satisfied, is the result in many cases of this kind where depletion is resorted to. It is true, local congestion or inflammation may co-exist with general anemia, thus rendering it necessary to abstract blood by cups, at the same time that tonics are administered. The effects of the depletion, under these circumstances, should, however, be watched with great care.—*St. Louis Medical Journal.*

#### SYMPTOMS IN YELLOW FEVER.

By John Harrison, M.D., Professor of Physiology and Pathology in the Medical College of Louisiana.

OMITTING individual peculiarities, let us sum up those symptoms by which the disease is recognized. We will suppose a person who has been protected, in the best way possible, from those obvious causes of disease which may affect the health at any season. He is well lodged and clothed; he is temperate in his diet, and is careful not to expose himself to the sun, to wet weather, or to the night air; he is abstemious with regard to alcoholic liquors. These precautions, however, avail him little. In the midst of excellent health he is stricken down. He experiences a rigor, which sometimes ends in a violent ague; in a few hours a burning fever comes on, with distressing pains in the head,

back and limbs. The tongue, however, is as yet moist, and the urinary secretion copious; but the eyes are generally dull and heavy, and intolerant of light.

In the course of 24 or 36 hours, the usual consequences of violent fevers ensue; the secretions are diminished in quantity, and altered; the tongue becomes red around the edges, pointed and furred, with a white or yellowish down in the middle; sometimes, though rarely, it is dry. Sordes appear upon the teeth. The urine is highly colored, and in many cases highly corrosive. The skin is usually moist, with sudamina scattered here and there—principally over the breast. It is, however, sometimes dry and very hot. The pulse continues strong and quick, beating at the rate of 108 to 120, or over, per minute.

Towards the close of the third day, or beginning of the fourth, the fever intermits. The prostration of muscular power, which has been increasing from the first moment, is now complete—the patient being scarcely able to turn in his bed. The pulse falls in frequency even below the natural standard, though in general retaining its usual fulness. The stomach now becomes more or less irritable, being unable, in most cases, to bear even a spoonful of cold water. The skin and eyes assume a yellow tinge, and both are highly injected. This injection, however, does not appear to be attended with high action, for the skin is now rather cold to the touch, and the secretions from it seem altogether to have ceased. If we press with a finger upon the surface of the body, we observe, upon removing it, a white spot, which slowly and gradually resumes its former color. This is strikingly in contrast to the quick flash wherewith the blood returns into the tissues on the first or second day. This injection in truth is of a passive character, and is undoubtedly one of the consequences of the foregoing violent actions to which the whole system has been subjected, and by which the organization of the tissues has suffered. In short, the parts are changed in structure—have lost in consequence their natural elasticity—make little resistance to the blood coming from the heart, and are injected as we might inject a sponge with a syringe.

From the condition last described, the patient gradually returns to health or dies. If death is to be the result, we shall see the irritability of the stomach growing almost hourly greater—even a teaspoonful of cold water being thrown up the moment after being swallowed. An indescribable *malaise* afflicts the sufferer, although he appears at the same time to be without any fixed or local pain. A continual sighing, involuntary groans, extraordinary restlessness, great diminution or a total stoppage of all the secretions, announce the approach of the fatal symptom—black vomit. On the fourth, fifth or sixth day, this is thrown up, and death soon closes the scene.

The matter first thrown up consists almost entirely of the drinks taken. A few flocculi of mucus may be discerned floating here and there in the liquid. Towards the approach of black vomit these flocculi increase in quantity, and are of a deep-gray color. Mixed with them we may often find, upon a close examination, a few striæ of a darker color—in other words, of black vomit.



This last-mentioned fluid is not thrown up in the manner that emesis usually occurs. The muscular motions, and the sounds accompanying the ejection, are peculiar. There is no violent retching; a sound is heard, caused apparently by a hiccough mingled with a cough, and the black matter is ejected. In many cases this is done so violently as to send it many yards. I have seen it, in the Hospital, thrown entirely over the bed of the next patient and fall on that adjoining.

The conditions of the patients when throwing up black vomit, vary most remarkably. Some are quiet—answer questions—and appear rational, but indifferent to their fate; so much so, that they will frequently respond to questions concerning their condition, by saying “they have the black vomit.” Some will even get out of bed and walk about—declare they are perfectly well, and wish to dress themselves. I have seen this occur, and death take place in half an hour afterwards. Others are delirious, and force is required to keep them in bed; others lie in a semi-comatose state, and keep up a constant and most distressing moaning.

Such is the usual course of the disease; but there are a vast number of individual differences which we ought to expect, since it would be difficult to find any two persons in precisely the same condition at the moment of attack; and, therefore, it is but in the application of the well-known law “that the same cause acting on different subjects must produce different effects,” that we should be led to expect individual differences in all epidemic diseases.—*New Orleans Med. and Surg. Journal.*

[As the following case is reported by a well-known physician and professor in a respectable medical school, and is moreover stated in a few words, we give it a place in our pages. It is copied from the *Southern Medical and Surgical Journal*, edited by Drs. Eve and Garvin, who are professors in the same school with Dr. Dugas. It may be well to state that the editors referred to, as well as the editors of all the other Medical Journals, it is believed, in this country and Europe, are opposed to the claims of the mis-called science of Mesmerism.—The first operation on this patient was reported in March last, in the same Journal.]

#### EXTIRPATION OF A SCIRRHOUS TUMOR, THE PATIENT BEING IN THE MESMERIC STATE.

By L. A. Dugas, M.D., Professor of Physiology, &c., in the Medical College of Georgia.

Mrs. Clarke, the lady whose mamma I removed in January last, enjoyed for several months afterwards an unusual degree of health. In the month of May, however, she began to suffer almost daily with slow fever, and perceived a small induration in the adipose tissue surrounding the region formerly occupied by the breast. This soon assumed the form of a distinct tumor, which was increasing in size with some rapidity, and was becoming painful, when, in the early part of June, I advised Mrs. C. to have it extirpated. To this proposal she readily consented, remarking, very philosophically, that she would rather have such a tumor removed

every six months, than permit it to remain and grow on her. There was no evidence of disease in the axilla.

I now requested Mr. Kenrick to ascertain whether he could still mesmerize her, and, if she were susceptible, to repeat the operation a few days, so that we might test her sensibility in that state. Mrs. C. was readily put into the mesmeric state, and found to be entirely insensible during its continuance. Deeming it unnecessary to repeat the tests, I determined to operate on the 13th of June, several days sooner than was expected by either herself or her friends. The operation was performed in presence of Professors L. D. Ford and Jos. A. Eve, Drs. L. Kennon and J. F. Hammond, the Rev. Mr. Alfred Ford and Mr. F. J. Martin. The patient was mesmerized at 9 o'clock, A. M., and the extirpation effected at about 10 o'clock, by making a semilunar incision along a portion of the circumference of the tumor, turning over a flap, and dissecting away the indurated mass and surrounding tissues, making up the volume of a hen's egg.

During the operation, Mr. Kenrick, being blind-folded to avoid the unpleasant spectacle, sat by the patient, with her hands in his. Mr. K. avers, that Mrs. C. evinced no uneasiness by grasping his hands, that her fingers did not twitch, and in short, that her hands remained perfectly passive. Prof. Ford, whom I requested to note the pulse and respiratory act particularly, informs me that there was no appreciable change in their character and frequency before, during and after the operation. The countenance of the patient and the hue of her cheeks presented no change whatever, nor was there the least indication of sensibility detected during or subsequently to the operation, by those who were present and anxiously watching the result. There was neither twitching of the pectoral muscle when touched with the sponge, nor tremor of the lower jaw. Indeed the patient slept on as quietly as an undisturbed infant, through the entire operation.

The wound was left open about half an hour, a small vessel ligated and the ordinary dressing applied. The patient was permitted to sleep on, and awoke spontaneously at a quarter past 1 o'clock, P. M., in the presence of Dr. Ford, the Rev. Mr. Ford, Mr. Kenrick and myself. Dr. Kennon arrived a moment afterwards. She appeared entirely unconscious of what had been done, and was much surprised as well as gratified on being informed that the operation was over. She stated that she had not suspected our design, and had no recollection of having experienced the least uneasiness during her nap.

I will add on this occasion, as I did on reporting the former case, that the above statement has been submitted to all the professional gentlemen present, and that they fully concur in its accuracy. This is perhaps the only instance on record in which a serious and painful operation has been twice performed on the same individual in the mesmeric state, a circumstance that may lend it additional interest with those who are disposed to collect facts on an interesting subject.

## MEDICAL MATTERS, &amp;c. IN GENEVA.

[FROM Prof. F. H. Hamilton's "Notes of an European Tour," published in the Buffalo Medical Journal, we extract some observations on Geneva in Switzerland.]

At Geneva I have spent nearly a week, which has afforded me time to visit all places of special interest. My first business was to call upon Dr. H. C. Lombard, physician to the Civil and Military Hospital of Geneva, whom I found exceedingly attentive, and to whom I am indebted for much valuable information. Dr. L. is not, I think, over 35 years of age, yet he has already greatly distinguished himself as a writer and practitioner. His medical education was acquired mostly in Paris, but he spent sufficient time in England to render him familiar with English practice, and to obtain such a knowledge of the language as to enable him to speak and write it handsomely. Although he had made his morning rounds, he kindly offered to accompany me to the hospital, a fine stone building forming a spacious court and situated in the upper part of the city. The first thing which arrested my special attention was the prevalence of goitre, with which not only the patients but the nurses almost without exception were more or less affected. To the inquiry whether it was not more common with women than men, Dr. L. replied that he did not think it was with unmarried women, but that in those districts where goitre most prevailed, its development was almost certain after child-birth, and that even at Geneva, English and other foreign ladies were exceedingly apt to become affected with goitre immediately succeeding parturition. At Geneva and in its immediate vicinity, the proportion affected with this disease is not so large, but Dr. L. assured me that in the "Valais Canton" about two thirds of the population were goitrous, the absence of the usual appendage being regarded as a deformity! In reference to its cause, a point so much in dispute, Dr. L. remarked that at Geneva, it was probably not true, as has been stated, that those who drank the lake water were less liable to the affection than those who drank water only from certain springs in the city, and that in other parts of Switzerland I would find it prevailed mostly in deep valleys, and especially along those which extended north and south, and from which the direct rays of the sun were therefore mostly excluded. I also remarked to him what seemed to me to have some bearing upon the question, that the great mass of his hospital patients were scrofulous; almost every one, under whatever other malady they might be suffering, if the malady was chronic, had superadded also either enlargements of the glands of the neck, or chronic ophthalmia, or tumefaction of face or lips, or spinal distortion, or coxalgia, or enlargements of the knee, ankle, or of smaller joints. One, a girl about 17, I remember well, as presenting a most hideous picture, the very "tout ensemble" of scrofulous disfigurements; for in addition to many of the local affections already enumerated, her right eye was half protruded from its socket by an enormous irregular tumor, situated upon the antrum, discharging matter at several points, and the whole space between her chin and sternum was occupied by a large, nobby, ugly-looking goitre.

The conclusion to which I have arrived, then, as to its cause, is that it depends upon the same causes, only slightly modified, which usually develop scrofula, an opinion which I shall hold, with the right of change, until I have myself visited the goitrous districts, as I propose soon to do.

“First of all,” says Dr. L., “the patient, if we would cure him, must be removed from the valley to the mountain, and then,” adds Dr. L., “I consider iodine as much a specific as quinine is for intermittent fever, and quite as certain, provided the remedies are applied early.” He exhibits iodine both internally and externally, having become of late somewhat cautious to avoid iodization, an event which is indicated by a general and rapid marasmus, hectic, and often speedy death. In the only instance in which Dr. L. had seen the thyroid gland removed, the patient died of tetanus; Dr. Bizot, the surgeon, however, remarked that he had removed safely encysted goitre, but would never attempt the removal of a simple thyroid hypertrophy. He also stated that he had found the “*huile de foie de morue*”—cod liver oil—a most excellent substitute for iodine in certain cases, and that he had also extended its use beneficially to cases of simple scrofula; the muriate of gold, also, he relied much upon in scrofula. The observations of these men I regard of unusual value, from the acknowledged accuracy and honesty of the gentlemen and their unequalled familiarity with the diseases in question. In the surgical wards of Dr. Bizot I saw nothing strikingly peculiar; the straight splint, in its simplest form, is here generally employed, and, indeed, as the Swiss surgeons are generally educated at Paris, their surgery differs but little from that of the Parisian hospitals.

The second day I spent in a stroll through the city, composed of a mixed population, speaking French, German and Italian; the French language and customs are, however, greatly predominant. The city is divided into the upper and lower town, in the former of which reside the ancient Genevese aristocracy, in the latter the poorer class of citizens, merchants, artisans, &c. That part of the lower town, however, which borders immediately upon the lake and is situated upon the banks of the Rhone, boasts of many large and elegant buildings. Most of the streets are narrow and crooked, and between the old and new town so steep as to render their ascent often exceedingly difficult.

You have heard it remarked, doubtless, that travellers had found a resemblance between Geneva in New York and Geneva in Switzerland, and I ought to tell you wherein the resemblance *lies*. If the outlet of Seneca Lake was a mighty “rushing” stream, whose waters were shaded with the richest tints of blue and green, instead of a small, sluggish and yellow creek; if Geneva, *chez nous*, stood quite upon its outlet, instead of a mile above and upon the terraced banks of the Lake alone; if the streets were narrow, crooked, dark, damp and paved with solid blocks of stone, instead of straight and open everywhere to the broadest light of day, except where the maple and acacia lend their delightful shade; if its private dwellings were lofty brick edifices, ranging upon the streets, entered by heavy gateways, and the lower windows secured with bars of iron, instead of small, neat, white cottages, with modern doors and green

window blinds, each house retiring from the road to make room for a beautiful *parterre de gazon* in front; if its churches were huge masses of ancient masonry, and its inns Astor houses, with princely accommodations, stead of light and graceful specimens of American architecture, and tidy country houses, with reasonable Yankee comforts; if the village of 5000 inhabitants were a compact walled city of 30,000; and more, if instead of being surrounded by an extensive and gently undulating plain, it lay deeply embosomed between mountains "whose vast walls have pinnacled in clouds their snowy scalps," then would one of the most lovely villages of our new Republic,

"Which stands amid the seven fair lakes that lie,  
Like mirrors 'neath the summer sky,"

resemble the capital of the free and ancient Allobrogi. Each is beautiful but unique, and to say they are alike, is to rob them both. \* \* \*

Geneva, I may say, in passing, has been distinguished as the birth-place of many eminent medical men, with whose names the medical scholar must be familiar—of Mayerne in the year 1573, who was successively physician to Henry IV. of France, to James 1st, and Charles 1st and 2d of England—of Bonet the pathologist in 1620—of Le Clerc, author of "*Histoire de la Medecine*," &c., and of Manget, chief physician to Frederick 3d, king of Prussia, in 1652. Geneva, also, was the birth-place of Jean Jacques Rousseau, Neckar, Saussure, and Sismondi. Am I not already treading upon classic ground?

Yesterday the air was so cheering that I determined to walk to the residence of Merle d'Aubigne, author of the recent great work upon the Reformation. He lives at "Eaux Vivant," about two miles from Geneva, and after a delightful walk I found his villa, called "La Campagne de Merle d'Aubigne," surrounded by a small park extending in the rear to the shore of the lake. M. d'Aubigne received me with an agreeable ease and courtesy, and I spent an hour with him very pleasantly. He is, I should think, about 45, tall, and well formed, with dark complexion, black hair and eyes, and a rather meditative, but exceedingly pleasant expression of face. He speaks English well, and we talked chiefly of Zwingli and Calvin, and Papacy, which he declared was on the increase in Switzerland—by emigration, however, rather than by conversion. He seemed gratified that his writings had been re-published in America, for he had always felt a deep sympathy with all Americans, with several of whom he had become acquainted, and he inquired after them with apparent interest. When I left, he grasped my hand with affectionate warmth and commended me to the care of the Great Protector.

#### EXTREME MERCURIAL SALIVATION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As the subject of mortification of the mouth appears to be attracting the attention of several writers in your late Nos., and a doubt expressed as to the cause of it, whether attributable to mercury or not, I

will offer a few remarks. I do this the more readily when considering the fatality of the disease ordinarily.

Here it is not only a popular opinion, but one sanctioned by the medical public, that mortification of the mouth following fever after the use of mercury, is as much the extreme grade of salivation as is the simplest ptyalism produced by that agent. It is termed dry salivation. It has the mercurial odor, and it yields to the same remedies, medicated, however, proportionally to the increase of violence. In your No. 25, Vol. IV., Aug. 2, 1831, you did me the honor of republishing two cases reported by me in the *Transylvania Journal of Medicine*. They were children, of 8 and 11 years. They had been very stubborn fever cases previous to the appearance of the gangrene of the mouth. I cut away portions of it and freely insinuated a strong lotion of muriatic acid and water, diluting it as the disease appeared yielding. The accompanying fever was kept down by active doses of the comp. pow. jal. In a few days they were relieved, notwithstanding in one of them half the inside of the upper jaw and cheek adjoining was thus diseased, with all the accompanying symptoms of hideously swollen face, &c. &c. Since that time I have had cases of all ages, from infancy to the octogenarian, and of all grades, from the mildest increase of saliva to mortification, and find the remedy equally adapted to all. I will give some particulars of a case in point.

November 16th, 1831, I was called to Mr. P. B., one of the companions of Daniel Boon, a very old man. He had had an attack of congestive fever, and was treated successfully by Dr. S. A few days after its disappearance, mortification of the mouth ensued. The common remedies were used in vain, and the disease extended rapidly. I found the entire inside of his mouth covered with a soft brownish mortification, with an intolerable stench; he was prostrated, and in a comatose state. I removed portions of the disease, and then applied a lotion of equal portions of muriatic acid and water to the parts freely. This was persevered in several times a-day, for several days. His bowels were kept open. His disease was removed in three days.

The only fatal case I have to relate, was a child two years of age. It was in the autumn of 1833. Her disease had been an obstinate diarrhœa, and it was not arrested when the gangrene supervened. She had just changed climates, too, and a cholera atmosphere had been and might still be said to be prevailing. She was a thousand miles north of home.

In all the other cases, the disease for which the mercurial preparation—the proto-chl. hydrarg.—had been given, had yielded *before* the mortification appeared; an important consideration, probably, in the prognosis. The disease is less often met with now than formerly; indeed, some years it is more frequently met with than others. Several years after the cases alluded to were reported, I observed, in the medical journals of the day, muriatic acid mentioned as the favorite remedy of M. Velpeau in the treatment of mercurial salivation.

*Port Gibson, Mi., Aug. 26, 1845.*

Respectfully,

A. H. PECK.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, SEPTEMBER 24, 1845.
 

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**PUBLISHER'S NOTICE.**—Subscribers who are in arrears for the Journal, as well as those who have not paid for the current year ending in February next, will find their bills enclosed in this number. These bills are more numerous than usual, making in amount an aggregate of more than \$3000 due from present subscribers up to the time above mentioned. The habit of non-payment during the year has increased among subscribers to the Journal, so that the amount received each year, in payment for that year's subscription, is less than the annual expenses of the work. Those, therefore, in particular, who are indebted for one or more years, are urgently requested to remit the amounts respectively due. This can best be done, especially in the New England States, by mail, when no private opportunity offers. The new mode of paying to the postmaster, requiring the allowance of a per centage at two post offices, is more expensive, at least within the above limits, and possesses no other advantage than that of greater safety. Subscribers, therefore, who can command bank notes subject to no great discount in Boston, will save expense by sending them *by mail* direct to the publisher. In some of the Southern and Western States it may be found expedient to settle with postmasters, who are to forward a receipt to the Boston postmaster, and also a notice (franked) to the publisher.

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*Cheating Physicians out of their Dues.*—Every physician is familiar with the fact, that the community abounds with people who are liberal in their patronage, if being visited often comes under that term, but who never pay bills for these visits, nor do they ever expect or intend to do so. In cities, there are multitudes of medicine-taking persons, besides those who are forever asking medical advice, who have not the remotest intention of making any return for it. Nothing so much contributes towards the unpopularity of a physician, among this kind of customers, as his sending a bill. Away they fly to some other practitioner, who is usually regaled with a series of grievances they have suffered through the ignorance, want of skill, or the neglect, of the man whom they are now forsaking. A frequent repetition of calls is now made upon their new adviser, to be discontinued whenever the second unfortunate forwards his account for collection. Something of this species of deception is known in the country, but it bears no comparison to that practised in the city.

It is a poor sign when families are frequently changing physicians, or calling in all the new great doctors whose virtues are trumpeted abroad by the vulgar tale-bearers of the neighborhood. A physician had better excuse himself from engaging at all with such unstable, double-minded, non-paying patients, since they are sure to be enemies in the end, and exert themselves, as far as possible, to injure those who have been at their beck and call.

A gentleman at our elbow, who has had ample opportunities for testing the value of this kind of practice, thinks that it should be one of the articles of local medical police, that the names of annoying non-paying customers should be communicated to the members of the association, if an organization of the kind exists, to prevent a useless waste of time and energy over worthless, unprincipled, and perhaps evil-disposed patients. The whole tribe might then readily find their level on the Dispensary

list, as almshouse beneficiaries. Many young physicians are carried away, in the commencement of business, with the comforting notion that they are actually earning thousands a year, because they are charging so freely. Alas! the first visit of a collector disperses a whole crowd of flattering patrons, who forsake the young doctor in a twinkling, and he finally makes the mortifying discovery that, out of a splendid run of visits, allowing neither rest nor diversion, he cannot get enough to purchase a new coat.

Can no way be devised by medical practitioners for apprising each other of the peculiar losing game, from which they have suffered, and to which we are all liable? Would it be libellous to notify a medical friend of the imposition about to be practised upon him by a person who never had paid him for any former medical services? Empirics in Boston certainly conduct their affairs much more wisely than the educated faculty. With them it is cash down, or no prescription. They know quite well that trusting brings no return—and by pursuing the system of some of the tailors, *no credit*, pocket an annual income that far surpasses that of many eminently qualified practitioners.

Why is not some effort made to establish the English custom of paying a fee at every visit? This would be much superior to any custom known to us, and would be the only true way of ascertaining whether a physician is bettering his circumstances, by the practice of his profession. Owing to the uncertainty of collections and the precariousness of a professional income, particularly in cities, many medical men are, in a quiet way, perhaps, connected with some literary or mercantile pursuits, manufacturing establishments, railroads, public stocks or real estate operations, to which they actually look for the means of maintenance, that legitimately should be derived from practice, but which the present state of society prevents them from thus obtaining.

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*Health in the Massachusetts State Prison.*—For nine months past there has not been a death in this Prison. The average number of prisoners is 290, and the comers and goers in that period have been about 100. The internal police, therefore, of the institution is favorable to health.

A set of meddlers, under the false name of philanthropists, are continually exerting themselves to better the condition of prisoners at the North. One of their favorite projects is to have solitary cells—those idiot-making machines in which the mind is reduced to a state of unaccountability. Of all the barbarous devices of modern times, the solitary confinement system is the most odious, and stands parallel with the prison cruelties of by-gone ages. If it is an object of the State to drive erring humanity into the grave, to save the expense of maintenance, why let the prisoners be strangled and end their sufferings at once. A protracted death, by solitary confinement, has been proven, over and over again, to be inhuman, since it destroys the intellect, and reduces the wretched inmate to a mere vegetable existence.

The great end of the penal code is to restore transgressors to society, through the discipline of a prison; but these new fledged sympathizers, who are troublesome people in their best estate, positively lose sight of the humanity of legislation, and in their boasted triumphs in the cause of ameliorating the prisoner's fate, by consigning him to a solitary cell, drive him first to lunacy, and then to the grave. Instead of this system, we would say, give to prisoners in penitentiaries an opportunity to see each

other, even if they are not permitted to speak ; give them, too, a sight of the blue sky above, and allow them to breathe the free air, and to refresh their guarded bodies with the heavenly influences of the sun in an open yard occasionally. It leads to reflection, and to gratitude to God in many instances, for mercies which were never before properly estimated. It conduces to health, too, to muscular vigor, and encourages the poor out-cast with a hope of life and future liberty.

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*Practical Treatise on the Diseases of Children.*—A third edition of this work is an unequivocal sign that it is in brisk demand. The author, James Stewart, M.D., of New York, succeeded admirably when he produced this excellent treatise, which has been everywhere received as authority. On the appearance of the first edition, some years ago, we gave our views so elaborately that it hardly seems necessary now to say more than that we have unabated confidence in Dr. Stewart's counsel and practical good judgment. Messrs. Jordan & Wiley have copies on sale in Washington street, near the head of Water street, Boston.

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*Neill on the Arteries.*—This book should be in the hand of every medical student. It is cheap, portable, and precisely the thing needed in studying an important, though difficult part of anatomy. All the descriptions are concise, and therefore easily remembered. The publishers are Messrs. Barrington & Haswell, Philadelphia, a firm well known this way for the good character of their publications. We are really in earnest in wishing to have Dr. Neill's charts of the arteries, all colored to the life, extensively used in the medical schools now in session. The publishers should send bundles of them to an agent near each institution. John Neill, M.D., Prosecutor in the University of Pennsylvania, is the author. Messrs. Jordan & Wiley have it in Boston.

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*New York Medical Intelligencer.*—D. S. Meikleham, M.D., has commenced the editorial management of a Medical Journal bearing the above name, which is to appear every other Wednesday, at \$2,00 per annum. It is like Braithwaite's Retrospect, or Rankin's Half-yearly Re-publication, entirely made up of foreign matter. With the multiplication of these medical *Recueils*, the sale of the periodicals from which the extracts are taken will have less encouragement than in past times. All new comers into the field of medical literature have our good wishes for their success, and the Intelligencer will therefore accept our salutations.

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*Bangkok Recorder.*—Nine consecutive Nos. of the first newspaper ever printed in Siam, were received here last week. The Recorder is printed in the Siamese character, under the immediate eye, and cost, of course, of the resident American Missionaries. Besides containing, we presume, a mass of local intelligence, we notice a generous intersprinkling of medical topics. There are two drawings of the heart and a colored plan of the circulation of the blood in one paper. Articles appear on the treatment of "incised wounds, aged people in Russia, smallpox at Calcutta, treatment of ulcers, chemistry, oxygen, intermittent fevers, resuscitation

from a stroke of lightning, origin of quinine, vaccination successful in Siam." All this must be strange to the heathen, but Christianity always favors the dissemination of useful knowledge. Dr. Bradley, of Bangkok, is distinguished for medical skill, perseverance and benevolence.

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*Views of Homœopathy.*—Daniel Holt, M.D., of New Haven, Conn., has recently issued a pamphlet of forty-eight pages, in which are set forth "*Reasons for examining and admitting it as a principle in medical science*"—that is, homœopathy. It would not particularly interest the reader were all the arguments re-published here, which are set forth by the author, as a kind of public explanation of the why and wherefore he has adopted the new system. Dr. Holt has been, we believe, a sincere, competent physician in allopathic practice; and since he has an unquestioned right, in this democratic country, of philosophizing or prescribing in the manner his conscience dictates, we wish him not only good success, but large fees also, as people appear to be satisfied, at this radical period in medicine, to pay large prices for small doses.

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*Rocking Lounge for the Sick.*—An ingeniously devised piece of furniture, which is called a Lounge, has been received in Boston from the inventor, Dr. E. B. Addison, of Owing's Mills, near Baltimore. It bears a general resemblance to a sofa, without a back. The two ends are of unequal height, but gracefully turned, scroll-like, so that as an article of chamber or library furniture, when tastefully manufactured, the appearance would be very appropriate. Such is its ingenious construction, that the invalid can rock himself with perfect ease, or the frame can readily be made immovable; and he can thus command for himself all the comforts of a bed, a cradle, chair, or simple settee. We have hardly yet had time, since its arrival, to ascertain all the properties or capabilities of this valetudinarian convenience, but we are solicitous to have the opinions of the profession and of manufacturers, and for that purpose their attention is invited. A specimen, not of the highest cost, however, is placed in the editor's study, Bowdoin street, for that purpose. Hereafter, further attention may be called to the subject.

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*National Convention of Physicians.*—The following preamble and resolution, submitted by Dr. Davis, were adopted by the New York State Medical Society, at its late meeting.

"*Whereas*, It is believed that a National Convention would be conducive to the elevation of the standard of medical education in the United States, and

"*Whereas*, There is no mode of accomplishing so desirable an object, without concert of action on the part of the medical societies, colleges, and institutions of all the States—Therefore,

"*Resolved*, That the New York State Medical Society earnestly recommend a National Convention of delegates from medical societies and colleges in the whole Union—to convene in the city of New York, on the first Tuesday in May, in the year 1846, for the purpose of adopting some concerted action on the subject set forth in the foregoing preamble."

*Effects of Sedentary Occupations in the Production of Phthisis.*—The effects of sedentary employments in inducing phthisis are seen in the manufacturing town of Lille. Here the weavers, lacemakers, embroiderers, &c., die phthisical and scrofulous in great numbers. The general hospital there presents a remarkable proof of the fatal effects resulting from deficient exercise. The building is also an hospital or asylum for foundlings. The infants being received here are sent into the country, and on attaining a certain age are brought back to be educated. The girls are employed in spacious apartments at sedentary employments, the boys go out to follow different trades in the city. The latter, free to go about and with ample scope for exercise, are strong and robust; the former are pale, languid, and chlorotic. They seldom die of acute disease, but suffer from scrofulous affections and especially caries of the vertebræ. At Vienna, M. Fourcault found some mutilated mulberry trees opposite the windows of the girls' school-room in the foundling hospital there, and on inquiring the reason of their mutilation, was informed that their shade manifestly rendered the chronic affections from which the girls suffered more severe, and that since a freer evaporation and more light had been thus obtained, their health had visibly improved. As it was, a fifth of the females presented one or other form of rickets. At Marseilles, there is an asylum for orphans; in 21 years, 45 had died of pulmonary phthisis out of a total of 68 deaths.

M. Fourcault found the operatives of silk factories more liable to disease than those of cotton mills. The employment in mills generally is unhealthy in proportion as the rooms are narrow, dark and crowded, the toil prolonged, and the labor light, or rather not demanding much muscular effort. The inhalation of dust is much less injurious, he asserts, than is generally supposed. M. Fourcault quotes examples illustrative of this proposition. The contrary results are seen when the workrooms are spacious and well lighted and ventilated, as at Louviers and Elbœuf.—*British and Foreign Med. Review.*

*The Medical Profession in St. Louis.*—We have a list of the names of 146 persons who are endeavoring to obtain a livelihood by the practice of the healing art in this city, which includes the homœopathists, botanics, Thomsonians, &c. Of this number, probably 90 or 100 hold diplomas. With a population of 40,000, each would have 274 persons to attend upon, supposing the whole number to be equally divided; but when we consider the fact, that about one third of the number have a large practice, we are not surprised that a large number are unable to collect enough to pay their expenses, and the consequence is that many, after spending from one to three years, and the means which they brought to the city, leave and settle in the smaller towns in the surrounding country. Some, who are favored by circumstances, hold on, hoping that, with the rapid growth of the city, they will finally obtain a lucrative practice; others, determined to be employed, resort to whatever will obtain their ends, regardless of proper respect for themselves or their profession, by giving their professional services for little or nothing, and a constant endeavor to build themselves up by injuring the professional reputation of their colleagues. Real merit never goes long unrequited; and it is an acknowledgment of weakness, for any one to slander the whole profession because, forsooth, he has not sufficient merit to obtain a lucrative practice.

While the facilities for obtaining a medical education in St. Louis are not surpassed in any city in the West, and the city, in its rapid strides to greatness, has anything but a *sickly* appearance, it cannot rationally be supposed that its inhabitants are bound to sustain all the ambitious of the profession who prefer to practise in the West; nevertheless, they are always glad to rent their offices.—*Missouri Med. and Surg. Jour.*

*Lunacy in Scotland.*—A return has been published relating to lunatics in Scotland (moved for by Lord Ashley, M.P.) From this it appears that the gross total number of lunatics, parish paupers, and furious or fatuous persons confined in the various counties and stewartries of that country on the 1st of January, 1845, amounted to 1,694, of whom 785 males and 714 females (1,499 in all) were immured within public lunatic asylums; and 195 (92 males and 103 females) in licensed mad-houses. The number of lunatics privately confined under the provisions of the Act 9 George IV. cap. 34, at the same period, amounted to thirteen. The total number of dangerous lunatics committed by the sheriffs of Scotland, under the provisions of the Act 21 and 5 Victoria, cap. 60, has amounted, since its passing, to 155—viz., 110 males and 45 females.—*London Lancet.*

*Medical Miscellany.*—A young man died on board of a canal boat, lying at Oswego, N. Y., from taking too strong a dose of antimony, in liquor, which he was said to be using to cure himself of intemperance.—The twenty-third annual congress of German Naturalists will assemble at Nuremburg, Oct. 13th, and be in session three weeks.—Mrs. McDaniel, of Hagerstown, Md., aged 66, died of lockjaw induced by slightly wounding one finger.—A meeting of the Counsellors of the Massachusetts Medical Society will be held at the Masonic Temple, Boston, on Wednesday, Oct. 1st, at 11 o'clock in the morning.—Some very earnest people in St. Louis, Mo., appear to have taken the disease of animal magnetism the natural way. They had a meeting in the Court House, and passed some resolutions that sound prodigiously loud.—A man in the town of Broadalbin, Ohio, has such a distinct conception of the evils of modern social organization, that he fully believes there is no hope left, except through Grahamism, Thomsonism, and other isms too numerous to mention.—The suit, *Brockway vs. Shipman*, which was brought against Dr. Shipman, of Cortlandville, N. Y., for alleged mal-practice, has been withdrawn by the plaintiff, he being satisfied that an action could not be maintained.

MARRIED.—A. Parkhurst Ladd, M.D., U. S. Consul to the Society Islands, to Miss S. M. Buzzell, of North Weymouth, Mass.

DIED.—At New York, Dr. George Chapman, having been shockingly mutilated by an enraged cow, 85.—In Troy, Michigan, Dr. E. Judd, formerly a practitioner at Paris, Oneida Co., N. Y.—At the city of Washington, Dr. Geo. W. May, a native of Boston, 56.

Number of deaths in Boston, for the week ending Sept. 20, 53.—Males, 21; Females, 32. Stillborn, 8. Of consumption, 7—disease of the bowels, 11—inflammation of the bowels, 1—hooping cough, 3—dropsy on the brain, 2—lung fever, 2—cholera infantum, 2—infantile, 2—marasmus, 2—sudden, 1—teething, 3—apoplexy, 1—debility, 4—abscess, 1—dropsy, 1—canker, 1—gravel, 1—croup, 1—inflammation of the lungs, 2—smallpox, 1—scarlet fever, 1—typhus fever, 1—child-bed, 1—unknown, 1. Under 5 years, 33—between 5 and 20 years, 2—between 20 and 60 years, 14—over 60 years, 4.



*Health of New Orleans.*—Our city continues in the enjoyment of excellent health. We doubt whether any other, of like population, is more blessed in this respect. Intermittent and scarlet fevers are the most common diseases, but even these prevail to a very limited extent. Scarlet fever is confined chiefly to children, and certainly continues unusually late, especially when we consider the extreme warmth of the season. There have been a great many deaths from *coup de soleil*, or sunstroke; we heard of as many as eight in a single day. The Board of Health published some advice upon the subject, and recommended the public authorities and citizens generally to suspend work in the sun, for a few hours in the heat of the day. This was attended to for some time, and the result was beneficial.

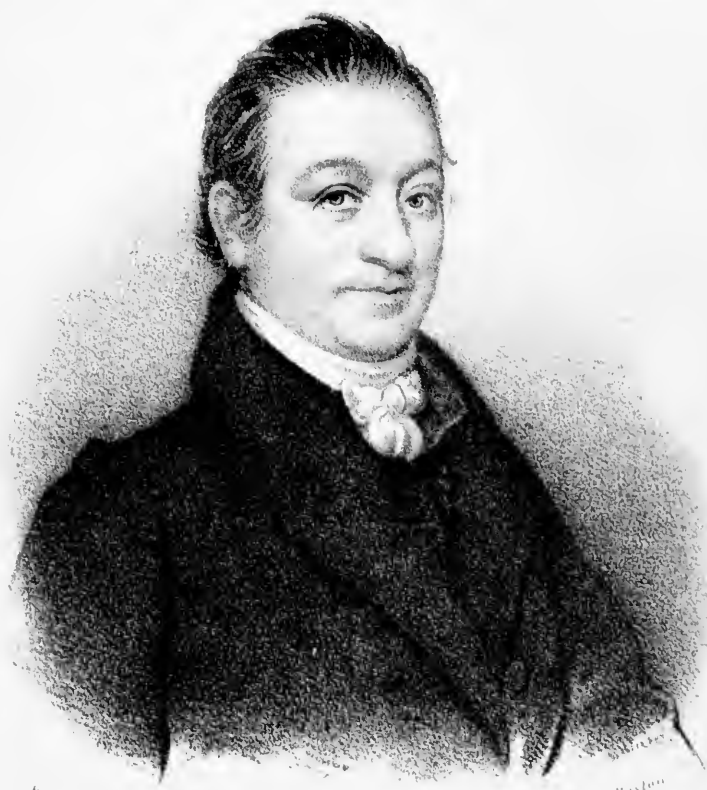
This has been one of the warmest summers ever experienced in this city. The thermometer is variously reported on some of the hottest days. One of our city papers (the *Picayune*) states it to have risen as high as 98 deg. It was the same in the office of the St. Charles Exchange: and by comparison, these thermometers agreed with each other. At other places, on the same day, it was noted as only 96 deg.; whilst with our correspondent, Mr. Lillie, who is as careful as it is possible to be, the thermometer on the same day only rose to 92 $\frac{3}{4}$  deg.

We have no yellow fever as yet, but there is still sufficient time for a dreadful visitation. There were but five cases of this disease in August of last year, and only *four deaths*. By reference to a table published in the first No. of this Journal, which shows the date of the *first* and *last* cases of yellow fever in each year, for a period extending from 1822 to 1844, at the Charity Hospital, it will be seen that whenever an extensive epidemic has prevailed, it has generally commenced earlier in the season than this. To cite a few instances:—in 1833, first case July 17th; 1837, July 13th; 1839, July 23d; 1841, August 2d; 1843, July 10th. In 1835 it commenced a little later, August 24th; but in 1829, a great deal earlier, viz., May 23d. These are the most remarkable epidemic seasons within the period stated.—*New Orleans Med. Journal for Sept.*

*Health of St. Louis.*—We have never known St. Louis more healthy at this season of the year than it is at present. The bills of mortality are nearly one third less than they were at this time last year, while our population has increased some thousands. For two or three weeks in the month of July, and for a few days in August, the weather was very hot, the thermometer ranging from 90 deg. to 94 deg. With these exceptions, the temperature has been pleasant. Throughout the season we have had frequent and refreshing rains.—*St. Louis Med. Journal, Sept.*

*Preparation of Inspissated Ox-gall.* By R. H. ALLNATT.—An open vessel, containing the contents of two or three recent gall-bladders, is to be plunged into a saucepan of boiling water, and simmered until the bile acquires sufficient consistence to be formed into pills. The addition of a small quantity of magnesia will expedite the process. The gall must be frequently stirred to prevent empyreuma, and produce a perfectly homogenous extract. Thus prepared, it is almost inodorous, intensely bitter, and will keep good for years. When required for use it should be softened by gentle heat.—*London Lancet.*

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*Hildgen Pinxt*

*W. Sharp & Co. Lith. Boston*

JOHN W. P. A. (G. H. C. H. W.)

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BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXIII. WEDNESDAY, OCTOBER 1, 1845.

No. 9.

MEMOIR OF BENJAMIN PAGE, M.D.\*

Born April 12, 1770; died Jan. 25, 1844.

[Communicated for the Boston Medical and Surgical Journal.]

"On doit des égards aux vivans; on ne doit que la vérité aux morts."

THE living owe the dead, who have spent a long and highly respectable and useful life in the midst of them, a public exposition of their virtues. To friends it furnishes a precious memorial; to successors it transmits a loved image of departed excellence. It greatly serves to arouse and confirm virtuous resolutions and useful efforts, and repress and weaken the application of native endowments and acquired powers to frivolous or hurtful purposes. In the memory of the good deeds of the departed, we may learn

"How much it is a meaner thing,  
To be unjustly great than honorably good."

These reflections have been suggested by the death of the late BENJAMIN PAGE, M.D., M.M.S.S., of Hallowell, Maine, who died on the 25th day of January, 1844, in the 74th year of his age.

Dr. Page, whose death excited so much interest and called up so much general feeling, belonged to a family of great respectability and medical talents. His father, Benjamin Page, served as hospital surgeon in the Revolution, and accompanied the celebrated Starke, of New Hampshire, in his early campaigns, and died at Hallowell in 1820, at the advanced age of 76. The son, following the example of the father, chose the medical profession, in which he soon acquired an enviable distinction, and practised with a constantly increasing reputation and success to the end of his long and eminent career, on the very spot where more than half a century previous he reared his medical banner and commenced the monument of his fame. His eldest son, also, follows *pari passu* in his footsteps, having taken his medical degree at Harvard in 1821, and need ask for no greater honor than that his father's mantle should fall upon his shoulders.

Dr. Page was born April 12, 1770, at Exeter, in the State of New Hampshire, and received his preparatory education at the Academy in

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\* This Memoir was intended for an earlier No. of the Journal, but owing to some delay in procuring the lithographic likeness which accompanies it, it has necessarily been reserved for the present time.

that place, which was then under the superintendence of Woodbridge Odlin, and which has ever been one of the most celebrated institutions in New England for the thoroughness of its instruction, and the character of its pupils. His professional studies were pursued under the direction of his father, and the celebrated Dr. Kittredge, of Andover, Mass., a physician and surgeon at that time of extensive practice and distinguished reputation. He began his professional career at Hallowell, in 1791, and here pursued it, "in season and out of season," with an uncompromising diligence and success for more than half a century.

In 1793 he went to Boston to place himself in the hands of Dr. Aspinwall, to be inoculated for the smallpox, in a hospital which had just been established in Brookline. Finding it closed on his arrival, he proceeded to Dumbarton for the same object. Disappointed here, also, and zealous and determined in the object he had in view, he repaired to his uncle's in Ware, where he and another young physician, and several of the family, submitted to smallpox inoculation, and remained in close confinement about a month; passing an ordeal which at that time was regarded as among the severest and most perilous to which youth or manhood could be subjected. To show how little apprehension was entertained, however, by the subject of this memoir, he used to relate that he and his companion passed the whole of their confinement very cheerfully, and entertained themselves agreeably with music, &c., most of the time—he playing the flute with considerable taste and execution, and his medical companion the violin.

After his recovery from smallpox, Dr. Page returned to Hallowell to resume his practice, and with the intention of opening a smallpox hospital upon a little island in what is now called Allston's lake, in Winthrop, a few miles west of the Kennebec. While matters were in progress, however, for this enterprise, he was furnished with some vaccine matter by his most intimate and attached friend, Benjamin Vaughan, Esq., who had just received it directly from the hands of Dr. Jenner, of London. He immediately made use of it, and *was the first American physician, be it known, who applied the vaccine virus to the arm of the human subject in this country.* Great was his disappointment, however, on finding the matter dry and inert, more especially as a portion of the same parcel which had been sent to Boston proved operative, and gave to a distinguished medical philosopher of the times the enviable reputation which he himself would otherwise have obtained. A few days subsequently he received another parcel from his estimable friend Dr. Jackson, of Boston, and availing himself also of fresh matter from the arm of a lady who had been vaccinated there, and who is since allied by marriage to his own family, he renewed his efforts with success, and was the means of thus early distributing this great blessing of mankind through the whole circle of his practice. The success of the vaccine superseded the necessity of a smallpox hospital, and although considerable expense was incurred in the enterprise, it was abandoned almost as soon as conceived.

In 1796 he married Abigail Cutler, of Newburyport, a lady of great personal beauty, and who to many polite accomplishments, joined the

more amiable virtues of the mind. All who know her appreciate her amiability of character. Her watchful devotion to her invalid husband during his protracted illness was the admiration of every one. "Here the spirit of the wife and mother rose superior to an ordinary nature. Night after night, without closing her eyes, did she watch 'with patient, vigilant, never-weary love,' at the bedside of the object of her long-cherished affections. Week after week, and month after month, did she patiently devote to the languishing sufferer. With noiseless step would she pace the chamber, fearful lest the slightest foot-fall should disturb the hoped-for slumber of her idol-one. No toil, no privation, was shunned by her. Untiring and self-sacrificing in her disposition, her world was narrowed to the limits of the sick one's wants, hopes and changes. The angels of heaven must contemplate such conduct with looks of love and admiration. It is in such moments we appreciate the mother, the wife, the woman."

From the day of marriage to the death of her beloved husband—the "beloved physician"—they were never separated; and it is worthy of especial remark, that this is the first and only death in the family that has ever occurred; while there is not a house nor a family in the town and those adjoining, numbering some fifteen or twenty thousand inhabitants—save, perhaps, the more recent settlers—where there has not been some change by death or removal, except this; which has remained the same, "unchanged and unharmed," till this visitation, for upwards of forty years. Here had they happily lived together, surrounded by their children's children, fully realizing the truth of the wise man's saying, "The just walketh in his integrity; his children are blessed after him."

A trifling incident of a domestic nature, but not too trivial, perhaps, to be noticed here, will serve to show how accidental and arbitrary often are the names of children. Each of the fond parents had a favorite family name to bestow upon the first-born, and it was decided to place them with others among some blanks and draw for a choice. Fortune decided in favor of *both*, and the names were then united, and impressed, at the baptismal font, upon the future man.

Dr. Page was a man of large stature and good form, and of a mild and benignant countenance. It beamed with a lively intelligence, and a good natural expression of mirth and cheerfulness lay over all. His head was small, his eye reflective, but clear and benignant, and his whole features expressive of the livelier affections charity and love. He was regularly handsome in youth, and even in the decline of life and under afflicted health, was a person of prepossessing and commanding appearance. He possessed the qualities of a true gentleman, suavity and benevolence of disposition, a nice perception of the proprieties of social life, and a spirit of deference to the feelings and rights of others.

In youth he was gifted with sound health and strength. While a pupil at Exeter, his father's dwelling, which was directly opposite the Academy, caught fire and was consumed. During the progress of the flames he entered one of the rooms and removed a large book-case with all its contents, and safely deposited it in the street. The next morning he in vain attempted to raise it, and could never afterwards move it from



the floor—showing the effect of personal strength when under the influence of excitement or alarm. Many years ago his father's house in Hallowell, and nearly opposite the Academy too, was set on fire by a free negress, a servant in the family, and though living at a considerable distance, he was enabled to reach it in time to give his assistance, and aid in preserving it from the flames.

Dr. Page devoted himself almost exclusively to his profession, and unambitious of elevated distinction, he enjoyed with complacency the unrivalled success which he early attained. His advantages of professional education were not equal to those of the present day, but the benefit he derived from a free access to the best private medical library in New England, that of the late Benj. Vaughan, Esq., LL.D., and an intimate personal intercourse with him, who constantly possessed the improvements in the science of medicine, more than counterbalanced the defects of early advantages. Possessing naturally a strong mind, whose powers were happily adjusted, he was able to make all sources of knowledge and means of improvement which lay in his path subservient to his use. The distinguishing trait of his mind was judgment, which conduces more than any other to distinction in the medical profession. Of a manly and ingenuous disposition, he disdained to practise any of the arts of quackery. He never made any efforts to acquire the talent to display his knowledge for the purpose of obtaining the reputation of a learned man, but was content to evince, on all occasions, an ability equal to the exigency of his situation. His resources were shown by what he could or did do, rather than what he could or did say. Hence his professional distinction was not so extensively known or so generally acknowledged as it otherwise would have been. He was a happy exemplification of the Latin motto, "*esse quam videri malim.*" I should wish to *be*, rather than to *seem*.

It is no slight evidence in favor of his character as a physician, that he was able to sustain his reputation in competition with junior members of the profession, who had been enriched by all the improvements and helps of the discoveries and advantages of medical science within the last fifty years. In no other science have equal improvements been made within the same period. The character of his practice was cautious and considerate, in opposition to adventurous and precipitate, the ripened fruits of much reading, large experience, deep thinking, and uncommon accuracy of judgment. Hence most of those who employed him as a physician had profound confidence in his medical skill. His patients generally thought that under his care they were sure of receiving all the aid which a physician could administer. His deportment in the sick chamber was bland, tender, soothing, sympathetic, delicate and winning. When he conquered the disease, he usually gained the heart. He sacredly observed the principle of concealing in his own bosom whatever he might witness in his patients, or the family where they were, that could by communication to others possibly prove injurious to them. This is an indispensable and invaluable quality in a physician; too little appreciated—too often wanting. It was the bright jewel of his character—the crowning virtue of his life.

Dr. Page's great fort as a physician was the management of *fevers and chronic diseases*. In his treatment of *surgical diseases* he was also particularly successful. He made no attempt to excel in operative surgery, though there are few of the minor operations which in the course of his long practice, he had not repeatedly and successfully performed. His chief end and aim was to restore wounded and lost parts, and to avoid operations when practicable; and there are many now living who owe to him the preservation of "life and limb," which might have been mutilated or destroyed in more adventurous or less skilful hands.

He never sought for extraordinary cases to herald his skill, being satisfied with the triumph of the moment, and relying on the *semper paratus* which should always attach to the physician and surgeon—never losing sight of the truth conveyed in the beautiful thought of Milton,

————— to know  
That which before us lies in daily life;  
Is the true wisdom —————

In the management of *dislocations and fractures* he was particularly expert and invariably successful. His treatment of *consumption* differed from most other practitioners, and was cordial and restorative instead of depleting and debilitating; and he was happy to find, towards the close of his life, that his system of practice was beginning to be more generally appreciated, and adopted with the happiest results. The bugbear *inflammation*, which in these northern latitudes leads to such deplorable and fatal mischief, in the indiscriminate use of calomel and the lancet, never haunted him in his practice. He often cautioned his pupils against their baneful effects, and thought it better for young practitioners to avoid them altogether, till from riper years and observation they had learned to estimate their importance, and successfully apply them to practice. "Better," he would say, "never used, than universally abused." Verily their name is legion, and their work is death—and he enforced his counsel in his earlier and later years, by two memorable examples, Presidents Washington and Harrison, both of whom fell melancholy victims to a false and irrational system of practice, and the deplorable errors of the schools. *Falsus principia, falsus medicinæ.*

Dr. Page was unsurpassed, also, if not unequalled, in the success of his obstetric practice. How important he regarded, and how successfully he practised it, appears from the fact that he attended upwards of *three thousand females in their confinement, without the loss of a single life from the first year of his practice!* This is almost miraculous, and may challenge the professional records of Europe or America for anything to compare with it. The causes of this success may be traced chiefly to his uncommon tact and skill, but above all to his intuitive knowledge of disease, his profound and unerring judgment, and the unbounded confidence everywhere and at all times, and in all emergencies, reposed in him; and lastly, to the preparatory measures, and the soothing regimen which he usually advised those who submitted to his charge. He rarely invoked instrumental aid, or made use of those popular and energetic means so common in the hands of others. In this branch

of his profession particularly, he left all his competitors behind him, and ever mindful of the golden maxim, especially applicable to obstetric practice, *Festinare nocet, nocet et cunctatio scepe*, he triumphed in the art, and met with unparalleled good fortune and universal success.

His treatment of juvenile cases was signally successful. This is to be ascribed to his superior judgment.

In his treatment of fevers, especially the frightful plague or spotted fever of 1812-14, he justly acquired much celebrity. Within the sphere of his practice it was rendered well nigh harmless, and the remembrance of his medical offices to many now living will be a source of grateful endearment and delightful satisfaction.

The epidemic spotted fever made its appearance in 1810, and till 1816 prevailed at Hallowell and its vicinity with great severity. It fell to the lot of Dr. Page to devote a large portion of his attention to the sick during the prevalence of this epidemic. Several thousand cases fell under his observation; and he is entitled, says the distinguished author and practitioner, Dr. Thacher, to much honor, and to the gratitude of the public, for his correct observations, his indefatigable industry and his very judicious mode of treatment, by which the disease was divested in a great measure of its malignity and fatal tendency.

The late accomplished and much lamented Dr. Robbins, in alluding to this epidemic in an early No. of this Journal, says of his beloved and distinguished preceptor, Dr. Page, "his talents, judgment and practical skill, would alone redeem the professional character of his State. We have never," says he, "in any country met with a medical practitioner whose views are more liberal or just, or in whose hands we should so willingly entrust ourselves in a dangerous disease. His unexampled success in treating the *spotted fever* which prevailed in 1814, whilst so many were falling victims to the disease in the neighboring towns, and many cases which have come to our knowledge of his successful management of pulmonary inflammation, dropsies, curvatures of the spine, and other obstinate chronic affections, would, if given to the world as they ought to be, constitute a basis of lasting fame, and be an ample herald of his sound practical judgment, and extensive information on professional subjects."

Dr. Page, however, was never ambitious of becoming a medical author. His time and attention were too exclusively devoted to practice, and had he desired he could scarcely have found time, up to the close of his active and practically useful life, to have distinguished himself as a writer. Yet some of his publications do him great credit, and his monographs upon the *Spotted Fever* and *Scarlatina* are not without their value. The admirable history of their symptoms, together with the details of successful treatment, deserves all the praise of originality, having been written entirely from personal observation. It is not claiming too much for them to say, that they contributed greatly to reform the practice in these hitherto fearful and fatal maladies, and to divest them of much of the terror and fatality which in New England, as elsewhere, has ever attended them. The opinions of a skilful and discerning prac-

tioner of *fifty years experience*, it has been well said, are entitled to uncommon regard.

Dr. Page's familiarity with the classics was by no means limited. He had a good knowledge of the ancient languages, and especially the Latin, so important to the physician; and he early acquired a partial knowledge of the French also, which on more than one occasion he was enabled to turn to good account. Prince Talleyrand, "fifty years since," while on a visit to Maine, was the guest of his next-door neighbor and friend, and availed himself of his medical advice; and more recently Count Ney, the son of Marshal Ney, while making a flying tour through the State, was arrested by disease, and became the subject of his skill. The royal patient was so well pleased and satisfied with his medical adviser, that he called upon him directly after his recovery from a dangerous illness, to express his gratitude and thanks, and before leaving town addressed a polite note to him in French, enclosing within it five times the amount of his fee. These may seem trifling circumstances to many, but they were a pleasing source of gratification to the deceased, and show moreover how universally he was estimated and beloved.

He was often called upon to visit patients in distant towns, and to prescribe for persons in foreign States, and he had the pleasure of almost invariably learning from them that his counsel was generally approved by the profession, and his prescription beneficial to the sick. Indeed, there is hardly a town or village within a circuit of thirty miles (and there are many) to which he was not called to attend the sick, and from which some one or more persons have not consulted him for his medical advice. For many years he controlled the best practice in the several towns of Hallowell, Augusta and Gardiner, and there are many families in each who continued to avail themselves of his medical services and advice as long as he was able to render them. During the epidemic *spotted fever* he was constantly written to by his medical brethren from all quarters, soliciting his opinion in regard to the epidemic, and his mode of treatment. He never withheld an answer, but disclosed frankly and freely all he knew upon the subject—all of his own discoveries and the practice he found most useful, and the remedies most successful in controlling the disease. In his medical principles he was strictly eclectic and rational. He was a true "minister and interpreter of nature," following no particular school or sect, but drew what he esteemed to be good and profitable from all sources, and applied his knowledge, without regard to particular or prevailing theories, to the treatment of disease. In consultation he was remarkably courteous and prudent. As was said of Hampden, on another occasion, he presented that rare affability and temper and a seeming humility and submission of judgment, as if he brought no opinion of his own with him, but a desire of information and instruction. Yet he had so easy a way of interrogating, and under cover or doubts of insinuating his objections, that he infused his own opinions into those from whom he pretended to learn and receive them. Whenever his opinions were fixed and he could not comply, he always left the impression and character of an ingenuous physician and a conscientious

man. He parted from his compeers with the benediction of Horace, "Farewell, and be happy. If you know any precepts better than these, be so candid as to communicate them—if not, partake of these with me."

—————"If a better system's thine,  
Impart it freely, or make use of mine."

"In truth, he seemed, above most others, to have been gifted with the true genius of the medical art—an instinctive, unerring sagacity in detecting the nature of the Protean forms of disease, and applying the appropriate remedy. Frank and gentle and unassuming in his manners and deportment, he displayed the 'power of the art without the show,' and at all times and on every occasion manifested the calm energy and moral courage, and self-devotion, so eminently characteristic of his noble profession."

Dr. Page was very communicative to his pupils, to whom he was ever kind and instructive. Some of them have become quite distinguished—and there are those who have carried his treasured precepts to the South and to the West, and to the West Indies; and adopting his gentle manners, his temperate habits and medical code of practice, have invariably found friends and met with professional success.

Upon such a physician the Board of Bowdoin College conferred the honorary degree of Doctor in Medicine.

The following comprises a list of his writings and publications, as collected by the writer of this memoir. 1. An Account of the Malignant Fevers at Hallowell, in the summer and autumn of 1798-99. 2. Observations on Epidemic Dysentery as it appeared in 1800. 3. Typhus Fever in 1807. 4. Memoir upon the Spotted or Petechial Fever of New England, 1816. 5. Case of Poison by Arsenic, successfully treated, 1820. 6. Practical Observations on the Treatment of Scarlatina, 1833.

Dr. Page was for many years a member and Counsellor of the Massachusetts Medical Society. He regarded the institution as of great consequence to the profession, and spoke of his connection with it with infinite satisfaction, and seemed to have its interests and welfare continually at heart. He was a regular subscriber, and occasionally a contributor, to the New England and Boston Medical Journal, from its first series, and regularly received and perused its interesting numbers for upwards of 30 years. He had them carefully preserved and bound, and they comprised a portion of his medical library which he left to his eldest son in Louisiana, and are, perhaps, the only complete and perfect copy in the State. He was early initiated into the "ancient and honorable Fraternity of Masons," of which he was a zealous and faithful member, and the highest degrees of the order were conferred upon him, and worn with characteristic modesty worthy of himself and the charitable institution to which he belonged.

Throughout the whole period of his long, laborious and useful life, he played the part of the "good Samaritan." He was unostentatious in his habits and simple in his style of living and dress, and so averse to no-

tority and display, that he often manifested a shrinking and retiring modesty in society that was truly delicate and feminine. His temper was uniformly serene, and his patience christian-like and enduring. There was no duplicity—no double-dealing—no faithlessness in his trust. Whatever he promised, he executed in good faith. His character, in truth, was one of the brightest emanations of a medical philosopher and a christian philanthropist. He ever lived within his means, and never embarrassed himself or his family with speculative wants. He was especially liberal and provident to those dependent upon him, and nothing that was wished for or demanded by them was ever withheld. He was ever ready to make all sacrifices for the happiness of his children, to whom he was so dear. He was the pride of their affections, the long-cherished idol of their hearts. He was unambitious of worldly riches, knowing that happiness did not consist in accumulated wealth, but in temperance and contentment of heart, and a cheerful reliance upon the providence of God. He was extremely prompt and punctual in his professional visits, and considerate in his charges; and there are recorded upon his books the names of many persons and families whom he regularly attended, without the slightest compensation, for a period of thirty or forty years. There were thousands to whom he gave both advice and medicine without charge. With the same amount of practice and the customary fees, for the same period of time in New York or Boston, he would have realized as great an income as Sir Astley Cooper, and left to his family and children a princely estate. But the poor he always had with him, and he never turned a deaf ear to their wants, or sent them empty away.

As a citizen his character deserves high commendation. In all things which related to government and religion he exhibited always a tolerant and charitable spirit. The peace, harmony, welfare and happiness of the community were objects in his judgment of great importance and constant pursuit. The rich and the poor, the high and the low, equally received his regards and his services. He was not only the sick man's doctor, but the sick man's friend. He was equally distinguished by compassionate feeling, and sedulous attention, and exhibited the same sympathy and kindness, and the same watchful solicitude by night and by day, and where he had no expectation or hope of pecuniary reward. No wonder, then, that the endearing phrase of "beloved physician" should have been universally applied to him. "I never," said a distinguished divine, in discoursing upon his memory, "I never happened to hear that he had an enemy. So far as I have known him, and that for *fifty years*, he has been marked for correctness of morals, and regularity of life; and I suppose I express the views of all who hear me, when I say, his course was 'without rebuke.'"

With party politics he had nothing to do. In his principles established, in his opinions persuaded, modest and tolerant, you would always find him in the path of duty and on the side of order and rectitude. Ever ready to concede honest intentions to others, he maintained his own opinions with firmness; while he endeavored, both by precept and example, to allay party feelings, and to teach his fellow citizens to regard them-



selves as members of the same great family. In his professional visits he never kindled the fire of political or religious agitation and discord, nor infused into his prescriptions the ingredients of licentiousness, infidelity and insubordination to the laws of God or man.

No citizen has greater power of doing mischief in society than a physician. His character as a man, therefore, should have great influence upon the community in determining the measure of patronage they should give him in his practice.

Such a man as Dr. Page could not be other than he was, the best of husbands, fathers, brothers and friends. What he was as a husband, the grief and wounded heart of his surviving partner in life, professor of the same faith, are a testimonial. As a father, such was his tenderness and solicitude, that he could not but conciliate the endeared affection of his children, which will cause this stroke of their God, in their bereavement, to be felt deeply and felt long.

To crown all his other excellences, in the latter part of his life he professed the faith and exhibited the character of a Christian. His religion partook of his natural temperament of mind. It was unpretending and noiseless, but seen and felt. It was an humble and sole reliance upon the mercy of God through Jesus Christ. It was an anchor to his soul in the storm of death.

And what life or death can be happier than that of a pious father of a family, who having filled all the relations of life with honorable and christian fidelity, and conscientiously discharged his duty to his Creator, to himself, and his family, "tenderly affectionate and tenderly beloved," and who, leaving an honorable name behind him, and his family without a stain, dies in the faith of a christian, and with an abiding hope of a blessed immortality beyond the grave!

As he commenced his professional career with that terrible scourge the smallpox, so his life, by a singular fatality, was terminated some fifty years after, in consequence of a personal infection of this loathsome disease. Nearly or quite two years before his death, the varioloid disease was brought to Hallowell, and either by accident or design, or both, communicated to several of its inhabitants. A young physician—a former protégé of the deceased, and whose ingratitude was a poor return for the many kindnesses he had received—to escape the danger and odium of having first communicated the disease by inoculation, reported that he had received the matter from Dr. P. Fortunately, however, for the purity of his reputation, which was to pass unsullied to his grave, two other physicians in town had obtained matter from him, just then received fresh from a friend in Boston, which he generously shared with them, and both parcels proved pure and efficacious; while his "ungrateful friend" declined accepting any, or made use of that which was derived from another source. Certain it was he communicated the smallpox or varioloid by inoculation, and two young and destitute females soon after died of the disease. As he had sown, so did he reap. Dr. Page was summoned to their death-bed to pronounce upon the character of the malady, and to warn his protégé and the public of the nature of the plague thus intro-

duced. The poison had been communicated and the plague-spot could not be healed. The alarm became general, and the sudden death of the two young females served to awaken public sympathy and public fear. A hospital was immediately provided in the suburbs of the town, and all the cases as they occurred sent directly thither, under the sole care and superintendence of Dr. Page, who alone was chosen by the Town Council to manage the disease. Some thirty-five or forty cases were admitted, all of which, by his unwearied attention and skill, which never slumbered nor slept, passed harmlessly through the disease. Not a death occurred. Here, too, a protecting Providence seemed to attend him. His friends all wondered at the result, and his triumph over detraction and disease was not less gratifying to himself and family than to the public generally, and the afflicted inmates who had safely passed the ordeal of a dangerous and most afflictive malady.

But what proved harmless to the patient, was in the end fatal to the "friend and physician." His zeal and assiduity were too much for his constitution and his years. His long and frequent exposure to the small-pox infection disordered and weakened his system, and enabled an old enemy—the gout—to triumph over his usually robust health, and terminate his life. His illness was long and painful, and his bodily frame wasted; but his mind held out to the last pulse of life. His disease, or rather complication of diseases, was such as to forbid the hope of recovery—but all was peace within.

His last professional visit was made about a year previous to his decease; though he prescribed for patients at various times, and the prescription he wrote the week before his death, though looking then hourly for the event, was marked with all the perspicuity and plainness of his better days. In his greatest paroxysms of distress no murmur was known to escape his lips, though he often longed for his departure. On the evening preceding his death, when the symptoms betokened the coming dissolution, and called forth the tears and groans of friends gathered at his bed-side, it was impressive to hear him say, "*Why grieve immoderately? all will be well!*" And we trust all is well.

After prayers were offered up for his quiet passage through the dark valley, with great self-possession he prayed audibly himself. As he lived, so he died—with

———"All that should accompany old age,  
As honor, love, obedience, troops of friends."

"Why weep we then for him, who, having won  
The bound of man's appointed years, at last,  
Life's blessings all enjoyed, life's labors done,  
Serenely to his final rest has passed;  
While the soft memory of his virtues yet  
Lingers like twilight hues, when the bright sun is set."

## POISONING BY OXALIC ACID.

By James Ogilvy, M.D., Coventry.

ON the 3rd of August last, I was called suddenly to visit Mrs. S——, a widow, aged 43, who was represented to be dangerously ill. I lost no

time, and the place being near at hand, I was there without delay. I found the patient sitting in her bedroom, dressed, but quite dead. Mr. Bury, who was sent for at the same time, was also present. It appeared that about three hours before, she had ate a hearty dinner, and had been occupied afterwards, till a short time before her death, in reading. Her sister was with her all the time, and also accompanied her to her bedroom, when she made no complaint. Her sister then left the bedroom for a few minutes, not exceeding four, and on her return found her faint and vomiting. She did not appear to suffer any pain, and though at the last gasp, was quite collected.

On inquiry as to the cause of death, the friends, from the hints which she had occasionally dropped, suspected she had poisoned herself; but from there being no smell of prussic acid about her mouth, or among what she had vomited, I was more inclined, judging from previous symptoms, to suppose that a rupture of the heart, or some of the neighboring vessels, had occurred. A tumbler stood on the table, which, in the hurry, was used to hold some brandy and water, but her sister-in-law stated, that on taking it up at first it was quite clean and dry.

About a month before, I was consulted on her case by her brother, at whose house she was residing, and found her laboring under great depression of spirits, and most gloomy forebodings as to future prospects. Her husband had lately died in London, and though she was surrounded by kind friends, and in easy circumstances, still, to her imagination, want and poverty were always impending. Strange to say, however, her appetite was always good, even voraciously so. In addition to the above, she complained of much palpitation. The impulse of the heart was felt and heard over a considerable space, the pulse strong, full, and regular, leading me to suppose that hypertrophy of the left side of the heart existed. She experienced relief from the treatment adopted, but still without any abatement of her mental distress.

A coroner's inquest having been ordered, the body was examined next day, in presence of Mr. Bury, Mr. Tyerman, and myself. The body was emaciated; the lower part of the chest much contracted, evidently the effects of tight lacing. Considerable lividity was observed on the sides and back. The mouth and tongue had a bleached appearance, but not corroded. The brain was healthy, perhaps rather vascular. The heart was slightly enlarged, without perceptible thickening of the walls, but was more heavy than usual—a condition which agrees with Dr. Clendinning's remark, that hypertrophy might be found to exist by having recourse to the balance, though it might not be obvious to the eye. There was no rupture of the heart, or any vessel connected with it, and no disease of any of the valves. Both ventricles were full of black uncoagulated blood. On opening the abdomen, we found the liver much enlarged, but were most struck with the appearance of the stomach, which was in a state of considerable decomposition. The coats were soft and friable, indeed, so easily torn were they, that when ligatures were applied to each orifice and the viscus removed, the weight of the contents produced laceration. The neighboring intestines, and the por-

tion of the left lobe of the liver in contact with the stomach, were similarly disorganized, as if the contents of that organ had transuded and affected them. The stomach was half full of a dark gelatinous-looking mass, the taste of which was intensely acid. On washing the stomach, the coats were found pale, the blood-vessels ramifying on the surface being dark, and filled with coagulated blood, thick, like extract. The cardiac orifice, and lower portion of the œsophagus, appeared as if boiled, the mucous coat being white and easily detached.

On subjecting a clear solution of the contents of the stomach to analysis, we found—1. That it reddened litmus-paper. 2. A solution of nitrate of silver threw down a dense white precipitate, which was re-dissolved by the addition of nitric acid. 3. Lime-water threw down a white precipitate, which was also re-dissolved by nitric acid. 4. A solution of sulphate of copper produced a greenish-white precipitate.

Judging from the appearances of the stomach, and from the results obtained by the tests, no doubt remained on our minds that death was occasioned by swallowing a solution of oxalic acid, in which opinion the jury coincided. Some days after, our opinion as to the cause of death was confirmed, by the discovery, in the deceased's bedroom, of about an ounce and a half of oxalic acid loosely wrapped in a piece of newspaper, and which, from its crushed appearance, had probably been carried in her pocket for some time previously. On testing this, and comparing it with oxalic acid, they were found to agree in every respect.

The remarkable circumstance connected with the foregoing case, was the rapidly fatal nature of it. A large quantity of the poison, probably one or two ounces, must have been taken, which had speedily induced vomiting, prostration of strength, collapse and death. There can be no doubt, from the surveillance which was kept over the patient, that the poison, even supposing it had been previously dissolved and kept ready, had been swallowed during the few minutes the sister was absent from the bedroom; consequently, it appears that death occurred within three minutes after the poison had entered the stomach. I have never before met with, or heard of, any well authenticated case of the same nature so rapidly fatal. Dr. Christison mentions one where death occurred about half an hour after two ounces of the acid had been taken, and another, which was considered remarkable, where only ten minutes elapsed.—*London Lancet.*

#### SELECTIONS FROM FOREIGN JOURNALS.

*Diagnosis of Pleurisy.*—The existence and characters of bronchial respiration in pleuritic effusions have attracted considerable attention in France. That the sound of respiration is not obliterated in pleurisy has been maintained by M. Hirtz, Andral, Cruveilhier, and many others. M. Monneret has given his experience on this subject. The sound, he says, in most cases, resembles that of expiration as heard under the clavicles in different stages of pulmonary phthisis. Usually, the inspiratory sound is

scarcely appreciable, and the abnormal sound accompanies expiration only. When both inspiration and expiration are heard, the latter is always the most intense. Though, in many cases, the "soufflet" of pleurisy differs from that of pneumonia, it presents shades, and cannot be distinguished by its "timbre" alone. It is usually heard over the inferior angle of the scapula and its lower third, or even as high as the spine of the scapula, and along its inner border. Wherever the tubular souffle of pleurisy is heard, ægophony (not bronchophony) is also present, [?] and dulness on percussion extends as high as the spine of the scapula. Five cases are given, corroborating the above statements, and in which the true symptoms and signs of pneumonia were absent, and the treatment such as would not have proved sufficient in pneumonia.

M. Netter also states that he has found bronchial respiration to be a frequent phenomenon in pleurisy, and points out the intimate connection between ægophony and the pleuritic "souffle," the latter being as constant as the former. In every case in which ægophony was present, the bronchial murmur accompanied expiration, and was sometimes feeble, of short duration, and metallic in its character. The latter circumstance he considers important, as explaining the nature of ægophony. He rejects Laennec's explanation of this phenomenon, which he states he has met with when the fluid effused was considerable. He, in fact, believes it to be dependent on the bronchial murmur, and affirms that the former is the more trembling and stuttering in its character, in proportion as the latter is stronger.—*Brit. and Foreign Med. Review.*

*Contractility and Retraction of Fibro-Cellular Tissue.*—M. Gerdy relates the following case:—A workman, 34 years old, received on the upper part of the anterior surface of the fore-arm, a wound of ten *centimetres* in length; a bandage with diachylon having been applied, an erysipelatous inflammation of the skin took place between the wound and the elbow. The borders of the wound were swollen, gaping, and the tendon of the anterior radial muscle was uncovered; the movements of the hand were difficult. By degrees the wound healed, a cicatrix forming close to its upper corner. About three weeks after the wound was received, attention was attracted by the inability of the patient to move the wrist and fingers. The fore-arm was bent at the elbow-articulation, the hand was also bent towards the fore-arm, and the four fingers towards the hand. On an attempt to stretch the fingers, the aponeurosis was seen, and felt strongly strained under the skin from the elbow-articulation to the palm of the hand; and under the upper part of the wound was a firm surface, closely cemented as well with the wound itself as with the aponeurosis. In moving the arm this surface did not slide over the aponeurosis; it was clear that an indurated part of the cicatrix had grown in close connection with the aponeurosis. M. Gerdy stretched the fingers and the hand by degrees, occasioning each time a distinct crepitation; at a later period, the fingers and hand could be completely stretched, and finally also the fore-arm.

The retraction of the hand and fingers was not the result of the action of the muscles, for they were always soft, loose, flexible, and without any

pain whatever. M. Gerdy considered the above-mentioned symptoms to be merely the result of retraction of the aponeurosis of the fore-arm, of the palmar fascia of the cellular tissue under the wound, and of the cicatrix itself.—*Archives Generales*.

*Remarkable Case of Accidental Amputation of the Arm.*—A baker's boy, a youth of about 20 years of age, was engaged in raising some sacks of corn by a windlass. For the sake of a frolic he seized hold of the chain, wishing to be raised to the upper part of the granary; but he was drawn so high that his head came against that portion of the roof through which the chain passed. Not being able to hold by the chain, he fell with his arms stretched out. In falling, his left arm came in contact with the top of a door below, which was standing open; and the force was such, that the arm, which was bare, was completely separated, at about a hand's breadth, from the shoulder-joint. His body fell on one side of the door, and his arm on the other. Under this extraordinary amputation the arm appeared as if it had been chopped off by an axe; the bone and muscles were as evenly separated as if they had been divided by a blunt knife, and the end of the bone was not at all splintered, a few nervous filaments only hanging from the wound. The fall of the patient must have been broken by his arm coming thus in contact with the edge of the door; for the only injuries to his person were a few contusions and abrasions about the skin of the face. He was, however, at first, speechless and insensible, but he recovered his speech and consciousness in a few days. The wound bled but little; it was dressed, and the brachial artery was tied, to guard against accidental hemorrhage; the nervous filaments were cut off, but neither the muscles nor the bone required the use of a knife or a saw. Fever with delirium followed. A strict antiphlogistic regimen was adopted, and ice was applied to the head. This treatment was attended with benefit. The wound of the arm, which was at first discolored, assumed a good appearance; healthy suppuration came on, and the patient, after about two months, was perfectly restored. The stump cicatrized well, and the bone was completely covered with skin.—*Casper's Wochenschrift*, and *Medical Gazette*.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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B O S T O N ,   O C T O B E R   1 ,   1 8 4 5 .

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*Mesmeric Surgery in Maine.*—A gentleman, for whom we have the highest sentiments of personal respect, sent us the following account of a surgical operation, performed while the patient was under that strange kind of influence which is called mesmeric. It first appeared in the *Kennebec Journal*, and, contrary to our custom, it has been transferred from a popular newspaper to this Journal, to show that we are willing to give the advocates of animal magnetism an opportunity to present their facts, if they have any, to the world. The note that accompanied the report was pre-



faced thus : " Never having seen any marked experiments in mesmerism, I confess but little knowledge on the subject, but cannot doubt that every well-authenticated fact is worth preserving. I know all the gentlemen who sign this certificate, by reputation, and several of them personally. They are among the first in your profession in Maine. Dr. Deane I have known these twenty years. He is a skilful physician and successful practitioner."

One of the surprising things of the day is, that no such phenomena are ever witnessed in Boston, as are very common to the eyes of believers in many other places. Surely, there is talent enough in our city, and enterprise too, sufficient to investigate subjects that are gravely brought under the notice of our scientific neighbors. Mesmerism, however, in some shape or other, is not unknown among us. Signs and transparencies may be seen in obscure parts of this city, having on them, in large letters, *Mesmeric Examinations—Diseases examined by a Clairvoyant here—All Diseases cured by Mesmerism here, &c.* It must strike a stranger singularly, in traversing the crooked streets of this compact metropolis, to see these contrivances for getting a penny. The business is in low hands, since a patient may have any sort of revelation, from a theft to the color of his kidneys, just according to his capacity for being gulled and the thickness of his wallet. There is not a man in Boston or its vicinity, of strong powers of mind, of acknowledged scientific acquirements, and of a commanding character in society, in any way identified with the hue and cry about animal magnetism. Why is it so? We would take the liberty to inquire—how is it in other cities? Are the first class of intellects employed in the service of this modern wonder? We have witnessed so much imposition, and have so repeatedly had opportunities for detecting the shallowness and trickery of male and female experimenters, and, lastly, found that excited imaginations so often covered up truth and thrust forward positive falsehood, that we feel justified in maintaining the position that we have assumed from the beginning :—viz., that proof is still wanting to establish the least of the claims of animal magnetism, in the cause now before the tribunal of men of science.

But to the article in question. A Miss Cromett, in Maine, it seems, had a diseased breast. At a "critical juncture," says the paper, "some friends advised and aided her in procuring the services of Dr. Josiah Deane, of Bangor, an experienced and successful operator in mesmerism. He came, remained five days, and favorably succeeded in magnetically subduing the patient. Untoward circumstances at this time forbade the operation, and a short delay was recommended for the removal of local inflammation.

"After an interval of ten days, the local disease beginning to assume a more inauspicious aspect, Dr. Deane was again called in on June 28th, but owing to some adventitious illness, prudential considerations recommended a delay until July 3d at 10, A. M., when the tumor, involving the whole of the right breast was removed by Dr. H. H. Hill, of this village, in presence of Dr. Hubbard, of Hallowell, Drs. Snell, Briggs, Myrick and Nichols, of this place, Rev. Mr. Burgess of the Episcopal church, J. L. Child, Esq., Counsellor at Law, Mrs. Smith, and some other ladies.

"The urgent solicitation of the patient prevailed over the concealment previously determined on, and she was apprised on the day previous, of the hour appointed for the operation. Notwithstanding her fancied forti-

tude forsook her, so irresistible was the power of magnetism, that in about ten minutes she was beyond the control of fear, and secure from the influence of pain. The operation was performed by two incisions, measuring on the line of their curvature, twelve inches each, the whole enlarged gland removed (weighing two and a half pounds), the arteries secured, the wound carefully examined, the surfaces brought into apposition and partly secured by sutures, without a motion, a groan or sigh, or even the most remote indication of pain or sensibility. It would have appeared to an observer "that life itself was wanting there," had not respiration given assurance the spirit had not departed.

"At this period, when a few more stitches would have completed the whole operation, the mesmerizer unintentionally permitted his attention to be withdrawn from the patient, when she awoke to the consciousness of having passed an ordeal without a pang, which without the oblivion of magnetism, would have severely tried the fortitude of the firmest, and have convulsed, with the keenest agony, every fibre that had been reposing in softest slumber. The acute sensibility to pain betrayed by the introduction of the remaining stitches, would, I think, convey conviction to the mind of the most obdurate disbeliever that such a result could be produced by no art of legerdemain, nor by any other known agent. The circulation was slightly accelerated, the respiration natural, and an entire freedom from the faintness, exhaustion, and prostration, so often attendant upon severe corporeal suffering."

We have not room for the certificates which follow.

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*Exit of a Fœtal Bone through the Abdomen.*—A lady in Boston, now 56 years of age, who was married at 19, has had twelve children, and miscarried eight times (once with twins, twenty-eight years ago, when eight months advanced in pregnancy), was suddenly seized with what was called a fit (but no particulars of a definite character are given), and on recovering from it a small tumor was noticeable on the right side of the abdomen, just below the umbilicus. It very gradually enlarged, and from that period till within a few weeks, it was called an abdominal hernia, for which she has worn a truss several years in succession. A few days since, the tumor being quite indolent and having remained unchanged in appearance or sensation, symptoms of inflammation were manifested. The husband, understanding the principles of treatment in the incipient stages, at once resorted to poultices. Gradually, one point on the spherical surface began to soften, and finally burst open. Besides the escape of pus, a small, hard piece of bone, strongly resembling a fœtal rib, made its exit. Immediately, there was subsidence of the tumefaction; the discharge, not copious at first, diminished in quantity, and from present appearances there will be a speedy restoration.

The idea has been suggested, that the fœtus was lodged in the Fallopian tube of that side, and that the parts were principally removed from the system by the absorbents, which explains the reason why the functions of the procreative apparatus were not essentially deranged.

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*Canabis Indica.*—In order that practitioners of the city may have every opportunity of giving this new medicine a fair trial in neuralgia, we have

left some of the extract with a number of druggists, who have prepared a tincture of it. The tincture may be found at Mr. Burnett's, Tremont Row; White's, opposite the head of Winter St.; Brewer, Stevens, Cushing & Co.'s, 91 Washington St., and at many other apothecaries. Country gentlemen who prefer to make the tincture themselves, will be furnished with the extract gratuitously, at the Journal office. The extract, heretofore introduced into Boston, from London, strongly resembles naphtha; whereas that sent to Dr. Wigglesworth, from Dr. O'Shaughnessy, direct from Calcutta, where it is alone prepared, very much resembles cake-opium. We are inclined to the opinion that the specimen now at the disposal of the profession, is a genuine, unadulterated article, and should have an immediate and fair trial. Rheumatism and neuralgia, with the approach of autumnal winds, will show their potency; therefore let the canabis be recollected.

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*Private Medical School, Manchester, N. H.*—After the medical lectures are finished, many gentlemen who have been in attendance, will be seeking the private instruction and guidance of physicians who have facilities for students. The Drs. Crosby, brothers, established in the beautiful and thrifty manufacturing town of Manchester, N. H., accessible by railroad in two directions, are recommended to such. They are men of sterling qualifications, of high professional reputation, and well provided with all those appurtenances which constitute a desirable place for pursuing the study of medicine profitably. The expenses of the school must be something less than in a city, and yet its proximity to the hospitals of this metropolis, would enable pupils to skip down in the cars on operating days, if thought advisable, and back again, without being missed in the village.

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*Transylvania Medical School.*—The notice of the death of Professor Richardson, of Kentucky, will be found in its appropriate place. No interruption, we understand, in the course of Lectures, at the approaching session of the Medical School, will be caused by this melancholy event, as arrangements have been made for the delivery of a full course of lectures upon Professor R.'s department, by Professor Mitchell, whose ability to do justice to it is fully known and appreciated.

The following notice respecting the permanent appointment of a successor to Prof. R. has been published by the chairman of the Board of Trustees, M. C. Johnson, Esq.

“The Chair of Obstetrics and the Diseases of Women and Children in the Medical Department of Transylvania University, is at present vacant; and with a view to fill it in the best possible manner, applications for the place are invited from the members of the medical profession. Communications on the subject must be forwarded to the Dean of the Medical Faculty prior to the 30th day of January next, when the appointment will be made. It will be required, in conformity with a resolution of the Board of Trustees, that the person selected shall make Lexington his permanent residence.

“The name of no one but the successful candidate will be made public.”

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*Cause of the Continued Prevalence and Fatality of Smallpox.*—Dr. Stark has collected a series of facts, which he publishes in the Edinburgh Journal, in a statistical form. These facts are believed by the author to be

sufficient to support the conclusion—"That the existing prevalence and mortality of smallpox is not owing to any failure in the protective powers of the vaccine virus, nor to its wearing out of the system after a certain number of years, but to the neglect of vaccination altogether; and that vaccination affords a greater protection from a fatal termination, should the individual be subsequently attacked with smallpox, than if he had passed through either the natural or inoculated smallpox. It is highly desirable that attention should be paid to the facts stated, and to the conclusions drawn from them. From ignorance of these facts, many eminent physicians have, by their writings, done harm, by inducing doubts as to the protective powers of the vaccine virus; and as the public at large are apt to discard altogether what they see learned men regard as only a temporary or doubtful preservative, perhaps no inconsiderable number of the cases of neglect of vaccination may be attributed to their writings being propagated among the public."

*Medical Miscellany.*—A letter from Tampico says there is a good deal of sickness there.—By a decree of the Portuguese government, all ports north of Cape Hatteras are declared to be habitually clean!—A State Medical Convention has been called in Vermont, to meet at Montpelier, on the 15th of October. All the counties are requested to be well represented on the occasion.—The Board of Health have officially announced three cases of yellow fever in New Orleans.—J. H. Chaffin, aged 20 years, twenty-seven inches tall, and weighing only twenty-five pounds, is on exhibition in Boston—called the smallest man in the world.—A medical society has been organized at Hong Kong, in China, under the style and title of Medico-Chirurgical Society—the subscriptions for members being \$12 per annum.—At a recent meeting of the Medical Missionary Society in China, it was resolved that \$5,256 32, collected in the city of Boston, by Dr. Parker, when here, should be deposited till a communication could be had with the donors in regard to the disposal of it.—Dr. Papineau has been appointed to the chair of Botany in McGill College, Montreal, but will not commence the active duties of the department till May, 1846.—Dr. Elisha Huntington, Mayor of Lowell, was chosen president of the late Anti-Texas meeting, held in Middlesex Co., Mass.

TO CORRESPONDENTS.—The paper of "W." came too late for insertion in this week's Journal.

MARRIED.—In Boston, G. H. Lodge, M.D., to Miss M. E. Williams.—Dr. C. F. Barnard to Miss C. Mott.

DIED.—Wm. H. Richardson, M.D., late Professor of Obstetrics in the Medical Department of Transylvania University, recently died at Caneland, near Lexington, Ky. Professor Richardson stood at the head of his profession in Kentucky, in his particular department, and has been long and favorably known as one of the soundest and best teachers of his section of medical science in the country.

Number of deaths in Boston, for the week ending Sept. 27, 47.—Males, 29; Females, 18. Stillborn, 4. Of consumption, 8—dysentery, 1—smallpox, 1—apoplexy, 1—jaundice, 1—disease of the bowels, 5—Inflammation of the lungs, 1—dropsy on the brain, 2—cholera infantum, 1—asthma, 1—sudden, 1—teething, 2—typhus fever, 3—canker, 2—hooping cough, 3—lung fever, 3—infantile, 4—old age, 2—paralysis, 1—delirium, 1—croup, 1—disease of the liver, 1—drowned, 1.  
Under 5 years, 25—between 5 and 20 years, 3—between 20 and 60 years, 15—over 60 years, 4.

*Yellow Fever observed in Paris.*—The *Gazette des Hopitaux* for August, contains the account of a case of typhus which has recently occurred in the wards of M. Rayer, at the Charité, and which presented most of the symptoms peculiar to the yellow fever of tropical climates. It may also be compared to the fever recently observed in Scotland, and so admirably described by Dr. Cormack.

On the 30th of June, 1845, a man named Thomas, of strong constitution, entered M. Rayer's male ward. He had been ill for a few days only. The following were the symptoms presented:—Yellow orange tinge of the entire body; skin dry and hot; the eyes, and inferior surface of the tongue yellow; the superior surface of the tongue covered with a mucous fur; nausea slight tympanitis of the abdomen, which is painful, on pressure, in the right hypochondrium; liver of normal size, on percussion; the stools colored by bile, not abundant; urine deeply tinged with bile; no abnormal thoracic symptom, but acute pain is felt in the hepatic region on deep inspiration. Pulse full, frequent, but regular. The patient only complains of pain in the right hypochondrium, and of intense cephalalgia. Venesection to twelve ounces. Blood presents a thick buff.

July 1st.—Same state. To be cupped on the hepatic region; blister on the same region. Saline purgative.

2nd.—Vomiting sets in; the matters vomited are black and sanguinolent. The stools, liquid and abundant, contain black blood and fæces tinged with bile. The pulse is very frequent; cephalalgia; somnolence; tongue dry and cracked; teeth presenting a brownish crust at their basis; abdomen meteorized, not painful on pressure.

This state persisted on the 3d and 4th. On the 4th, slight delirium appeared. No spots or ecchymosis on the skin, universally of an orange yellow. On the 6th, the state of the patient seemed improved. A number of small conical elevations appeared on every part of the body, similar to those of variola in its first stage. On the 7th, these elevations had formed so many red ecchymotic spots, like those of hæmorrhagic roseola. The patient appeared, indeed, better, although still in a state of semi-somnolence. On the 8th, the somnolence had increased; an eschar appeared on the sacrum; the stools were still sanguinolent. On the 11th, the eruption disappeared; somnolence and general depression increased; nausea, but no vomiting. On the 12th, he remained in a state of comatose sleep, and died suddenly on the 13th.

*Autopsy twenty-eight hours after death.*—The body is in a state of advanced putrefaction; the epidermis separating with the greatest ease: icteric tinge of the skin the same as during life; no effusion of blood in the intermuscular spaces; lungs healthy, but containing a considerable quantity of mucus and blood; heart soft, containing black blood; the mucous membrane of the stomach softened, of the color of dregs of wine; the duodenum presents traces of sanguineous effusion, and contains yellow bile; the rest of the intestines contain mucus colored with bile; Peyer's glands are not enlarged; no morbid alteration in the large intestine; the liver presents the usual volume; it is soft, of an uniform icteric tinge; the vena porta, vena cava, and its principal divisions, are healthy, and contain black fluid blood; the biliary vesicle contains a considerable quantity of blood; the spleen is soft, of normal volume: the kidneys soft, yellow, nearly diffuent; the brain soft, and presenting the icteric tinge,—*Jour. de Médecine.*

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No. 10.

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## ON THE TREATMENT OF WOUNDED ARTERIES, WITH CASES.

By Warreh Stone, M.D., Prof. of Surg. in the Med. College of Louisiana.

THE operative surgery of the arteries may be considered complete, and yet but little is said of the minute treatment and management of wounded arteries. There is no more merit in casting a ligature around an artery than belongs to the skilful mechanic; but there *is* merit in knowing when, and when not, to use the knife. There are cases, when by avoiding a painful operation, life may be saved; on the contrary, by temporizing, and allowing repeated hemorrhages, even from minor arteries, life may be sacrificed. It is not necessary to enter into the pathology of wounded arteries, for it is sufficiently understood. I shall speak of it in connection with the treatment of particular cases.

When an artery of considerable size is divided, it is our duty to tie it at once, provided the wound is open, and the vessel accessible without an operation; but if this is not the case, and the bleeding can be easily controlled by compression, we are justified in attempting a cure by this means. The usual mode of making compression, in such cases, is to apply a large compress over the wound, and confine it with a bandage, enveloping the whole limb, which serves to prevent the escape of blood externally, but does not prevent its escape into the tissues around the divided vessel, and which, while it may favor the formation of a clot in the artery, tends at the same time to prevent that adhesive inflammation upon which we depend for a cure. Compression should be made immediately over the mouth of the divided vessel (by whatever means may be convenient), and kept steadily applied, until a coagulum forms in the artery, which will take place in a short time, precisely as if a ligature was applied, provided the compression be complete; but if an occasional escape of blood is allowed, it will break up the forming clot. The length of time required for the formation of the clot, varies according to the size of the vessel. In small vessels, a slight coagulum around the mouth is sufficient to arrest the bleeding, and this may form in a few minutes; but in large vessels it is necessary for the clot to form in the artery (which we know will take place, if the bleeding mouth be kept closed), as far back as the first collateral branch. In a large artery, I think it requires from two to three hours for the perfect formation of the clot. When this is accomplished, the compression should be removed or lessened, the wound, if possible, cleared of blood, the parts brought accurately together, and no more pressure made than can be allowed without



interrupting the process of union, or the deposition and organization of lymph around the mouth of the vessel. Too strong compression prevents the natural adhesive process, and rather favors secondary bleeding. If the wound presents an unhealthy, sloughy appearance, and secondary hemorrhage occurs, it is useless to attempt a cure by compression, even in minor arteries; for repeated hemorrhages will follow, until the patient is exhausted. If, however, the wound is healthy and granulating, slight compression may be made, just sufficient to prevent any injurious loss of blood; the granulations will close the vessel. If compression is strong, absorption of the granulations is effected, rendering the case worse, without affording any additional security against bleeding, which will occur as often as the clot dissolves, and continue until another forms. A light graduated compress of soft dry lint, with light pressure, will, so long as the compress remains dry, prevent bleeding in the large sized arteries; therefore, the compress should be removed as often as it becomes saturated with the discharge.

*CASE I.—Showing that large arteries will unite without ligature.*—Mr. H., a robust man in the prime of life, received a gun-shot wound in November, 1843, which divided the left femoral artery, at or above the profunda. The ball entered the anterior part of the right thigh, just below the spine of the ilium, passed through, entered the scrotum anterior to the right spermatic cord, and passing behind the left, came through; entered the left groin, and came out just below, and anterior to, the trochanter, dividing in its course the femoral artery and vein, and producing serious injury to the crural nerve. I was but a few paces from him at the time, and immediately made pressure with one hand, and assisted him in lying down with the other; but, in the act of lying down, he was seized with faintness, followed by convulsions, which were produced more by the shock the nervous system had received, through the injury of the crural nerve, than by the loss of blood. He gradually resuscitated, and when sensibility returned, he experienced an almost intolerable pain in the course of the nerve, more particularly at the lower extremity. This pain he described as similar to what he felt in the hand, upon contusion of the ulnar nerve, though much more severe. The bleeding was easily and completely controlled by pressure in the track of the wound, immediately over the mouth of the divided vessel; and as he was suffering as much as humanity could bear, the application of the ligature—which was of course deemed necessary—was deferred. Laudanum and brandy were administered, half an ounce of the former and half a pint of the latter, in the course of two or three hours, which barely sufficed to render his pains tolerable. At this time, it was found that the artery was perfectly closed by a coagulum, and as the vehicle had arrived to convey him to his lodgings (the distance of three or four miles), I concluded, with the concurrence of Dr. Harrison, to allow him to be moved before tying the artery. Dr. Harrison accompanied him, to make pressure, should it be necessary. No bleeding, however, was produced by the removal. He was still suffering as much as he could well bear, and feeling confident that if adhesive inflammation took place healthily, the artery

would close, I concluded to leave it to nature for the time. A few friends were selected to stay by his side, by turns, with instructions in case of bleeding. Simple water dressings were applied to the wounds. No bleeding occurred, and the wounds healed with little annoyance. The main difficulty was in preserving the limb. Dry heat, frictions, and finally the gentle application of electro-magnetism, were employed, and with evident benefit. Apparently no circulation existed in the limb; the blood seemed to penetrate the tissues, and on the third day made its way as far as the instep, where it ceased its course. Great difficulty was experienced, also, in effecting the return of the blood, in consequence of the wound of the femoral vein. The injury of the nerve, no doubt, operated upon the nutritive action in the limb. The pain gradually subsided, and sensation and nutrition are now restored. The foot, of course, sloughed from the point where nutrition ceased, which was at the junction of the tarsal and metatarsal bones. It may be said that this being a gun-shot wound of the artery, it united, which would not have been the case had the wound been an incised one. I admit, that hæmorrhage is more easily arrested in gun-shot wounds, but secondary hæmorrhage is more likely to occur; for the reason, that lymph is not so likely to be thrown out and organized around the mouth of a vessel when divided by a ball, as when divided by incision.

CASE II.—Mr. H., the subject of the former case, received a gun-shot wound in the head several years since. The ball entered just below the left eye, passed through the antrum, fractured the palate bone and pterygoid process of the sphenoid, and probably struck against the spine, just below the cuneiform process of the occiput, and fell into the fauces. Mr. H. fell senseless from the concussion; profuse hæmorrhage followed, but ceased with the syncope. In this state he was conveyed to his room as dead; he, however, gradually resuscitated, and no further bleeding occurred for the time. Simple applications, I believe, were made to the wound, and very light nourishment allowed. The wound did well, and he gradually rallied until the seventh day, when his friends carried him on board of a boat at Natchez (where the accident occurred), for the purpose of bringing him to New Orleans. From the excitement of moving, or some other cause, an alarming hæmorrhage took place shortly after leaving Natchez, which continued, in spite of every effort made by the physician that accompanied him, until syncope ensued, and another coagulum formed. This secondary clot sufficed to prevent bleeding for 18 or 20 hours, when it either dissolved, or arterial re-action came on and forced it away. Another bleeding ensued, and terminated in the same manner. The boat was detained, and a third hæmorrhage took place before he arrived in New Orleans. I saw him soon after his arrival, and found him with a pale cadaverous countenance, pulse 140 in a minute, and barely perceptible. It was certain that, in due time, another hæmorrhage would occur, and I therefore proposed to tie the carotid artery at once. This was objected to, on the ground that it was too late, and would only add to his sufferings. He, however, rallied under the use of a little ale and broth, when the point was yielded, and I threw a ligature

around the common carotid, by candle-light. Some difficulty was experienced; first, from the difficulty of throwing light down into a deep wound (the patient had a short, thick, muscular neck); and, secondly, from the irregular (though not unfrequent) distribution of the superficial veins. The external jugular and superior thyroid veins united in one trunk, and dipping down, emptied into the internal jugular, crossing the artery exactly at the point where I wished to pass the ligature. I succeeded, however, in opening the common sheath by means of two pairs of forceps. The sheath was seized with one pair, and raised; while with the other, it was seized as near the first as possible, and an opening made in it. By careful management, he gradually recovered without any unpleasant symptom. It is impossible to say what artery was wounded in this case. From the violence of the bleeding, the physician that accompanied him thought it was the internal carotid, but it may have been only the internal maxillary.

This case shows the folly of attempting to arrest secondary bleeding by pressure or plugs. A secondary coagulum in an artery, I believe, never does become organized, but merely obeys physical laws. This case occurred in the same individual, in which the femoral artery united so kindly; and at a time, too, when his system was in a more favorable condition. It is probable, that if from the beginning perfect rest had been maintained, hæmorrhage would not have occurred. The position of the wound, too, was unfavorable, for from the scantiness of soft parts, and from their being held asunder by the surrounding bony structure, it is probable that no lymph was thrown out around the mouth of the vessel; and the whole resistance to the heart's action, was in the clot in the artery.—*New Orleans Med. and Surg. Journal.*

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#### THE LATE EPIDEMIC OF PUERPERAL METRITIS IN THE PARIS HOSPITALS.

THE *Gazette Medicale* of August contains an interesting account, by MM. Bidault and Arnoult, internes, of a very fatal epidemic of puerperal fever, which reigned in the Paris hospitals in 1843 and 1844. The opportunities for observation, of these gentlemen, extended over three hospitals, those of St. Louis, the Hotel Dieu, and the Hotel Dieu Annexe, in each of which there is a small ward devoted to midwifery. Epidemics of puerperal fever have been common of late years in Paris, in the midwifery establishments, especially at the Maternité, the large obstetric hospital, at which it reigned with great violence at the time it was observed by MM. Bidault and Arnoult. At the Hotel Dieu, the epidemic reigned in January, February and March, 1843. There were 11 deaths in 45 deliveries, in the three months, whereas there had not been one death in the 140 deliveries which had occurred during the previous nine months of the preceding year; at the Hotel Dieu Annexe, out of 67 women delivered, 16 were attacked, and 14 died. The epidemic occurred in the months of November and December of the same

year (1843). The patients had been drafted from the Maternité, on account of the existence in that Hospital of a very fatal epidemic. The St. Louis epidemic took place in the months of September, October and November, 1844. Some isolated cases had occurred in the year, but it was only during the period mentioned, that the fever assumed the epidemic form. Out of 44 deliveries there were 9 deaths.

Generally speaking, the morbid symptoms manifested themselves at the period of the milk fever, from the second to the third day. In one case, they appeared a few hours only after delivery; in some few, only four or five days after. Nearly always, the attack commenced by rigors, of greater or less duration, followed by febrile reaction. In some instances, the rigors were absent, febrile heat of the skin, frequency of pulse, restlessness and abdominal pain, opening the scene. The pulse always became very frequent, its pulsations rising to 110 or 120, and its strength depending on the freedom of the general reaction after the rigors. At the same time, there was cephalalgia, redness, and injection of the face, brilliancy of the eyes, anorexia, frequent and laborious breathing, a loaded state of the tongue, which rapidly became dry, bilious vomiting, diarrhœa, or constipation. At Saint Louis, obstinate constipation was present in every case, and no intestinal lesions were found after death. At the Hotel Dieu, diarrhœa was, on the contrary, equally universal, and the follicles of Brunner were constantly found hypertrophied. There was generally abdominal pain from the commencement; sometimes the pain was slight, sometimes very severe. The uterus remained voluminous, and there was more or less abdominal tympanitis, especially when the affection assumed at an early period the typhoid character. The lochial discharge was nearly always diminished, but seldom entirely suspended. The breasts became flaccid if the milk had previously appeared; if not, it was not secreted. The urinary secretion was diminished, and the excretion was sometimes difficult. Indeed, in some cases, the bladder had to be emptied occasionally by means of the catheter.

The second period of the disease was characterized by symptoms of still greater gravity. All reaction ceased. The face became deeply altered, the eyes were sunk in the orbits, and surrounded by a black circle, the lips livid, the nostrils dry, and filled with particles of dust. Extreme prostration of strength accompanied these symptoms, along with great anxiety of countenance. The abdominal pains disappeared, the tympanitis, at the same time, increasing considerably. The respiration was difficult and laborious, as many as 45 or 50 inspirations being made in a minute; pulse 140 or 150, small, irregular, depressible; alvine evacuations involuntary; fluids rejected by ingurgitation; tongue dry, and covered with a dark fur; breath foetid; extremities cyanosed. Death generally followed on the fifth or sixth day of the attack, the patients retaining their intellectual faculties to the last.

In some few cases, there was an apparent remission, which, however, lasted, generally speaking, for a short time only. In the course of a few hours, the disease resumed its fatal progression. With the small number of patients who recovered, the symptoms continued gradually to im-

prove. The respiration became easier, the pulse fuller and slower, the thirst less intense, &c. The convalescence was tedious, and necessitated several months' residence in the hospital. In some patients at the Hotel Dieu Annexe, and with all at Saint Louis, there was an intense bronchial catarrh.

The body of the uterus was always found more voluminous than it ought naturally to have been at the period of death. Its cavity contained grey, sanious, fœtid, false membranes; on washing them away, the surface which they covered was, however, found white and apparently healthy. The implantation of the placenta was marked by small coagula. The tissue of the uterus was firm and healthy. There was none of the gangrene or putrescence (*putrescentia uteri*) which has been described by German writers. There were not, either, any abscesses. The peritoneum covering the uterus was often inflamed, and covered with false membranes. No uterine veins were ever found diseased, but the uterine lymphatics were inflamed and filled with pus, in a great proportion of the cases. At the Hotel Dieu Annexe, the inflammation did not extend beyond the lymphatics of the uterus. At the Hotel Dieu, in some cases, and at Saint Louis in all, a great number of inflamed lymphatics, filled with pus, were found in the lateral ligaments, and on the surface of the ovaries. These inflamed lymphatics terminated in the pelvic ganglions, which were sometimes themselves softened and filled with pus; the efferent vessels, however, were never found diseased. The lateral ligaments were covered with false membranes; the ovaries, also, were enlarged, and infiltrated with pus; the Graafian vesicles on being incised were often found filled with pus. At the Hotel Dieu, and at the Hotel Dieu Annexe, where the symptoms of peritoneal inflammation were more marked from the onset than at Saint Louis, the peritoneum was also found more extensively inflamed. The peritoneal cavity contained a considerable quantity of purulent serosity, in which floated detached false membranes, and the intestinal folds and lateral ligaments were united by false membranes. In some cases, there was a sub-serous injection on the intestinal folds. At Saint Louis, where the typhoid symptoms predominated, the peritoneum merely contained a white lactescent effusion, without false membranes, or adhesion of the intestines. The peritoneum was pale, without any inflammatory injection. In these cases, there was purulent infiltration of the sub-peritoneal cellular tissue of the pelvis, and suppuration of the lymphatics of the lumbar region. The stomach contained an enormous quantity of a greenish fluid, but presented neither inflammation nor softening. The follicles of Brunner, to the alteration of which, in puerperal fever, much attention has been paid of late, were only found diseased at the Hotel Dieu. They presented the appearance of a papular or pustular eruption, with a white apex. Whenever they were met with, diarrhœa had existed. At Saint Louis, where the intestinal mucous membrane always appeared healthy, there was no diarrhœa, but, on the contrary, obstinate constipation. The liver was never diseased. The spleen was sometimes larger and softer than usual, but not otherwise affected. The parenchyma of the lungs was

generally healthy; hypostatic engorgement was sometimes met with, and appeared to be similar to that of typhus fever. There were no partial pneumonice or metastatic abscesses. At Saint Louis, the small bronchi were obstructed by mucus in some cases. At the Hotel Dieu Annexe, pleuritic effusions, single or double, were common. No lesions were met with in the heart or pericardium. In a few instances in which delirium had been present, the membranes of the brain were found slightly injected, as also the surface of some few cerebral convolutions; otherwise, there were no lesions of the nervous system.

These epidemics manifested themselves, as is usually the case, without any appreciable cause. It may be remarked, however, that they all occurred during the cold months of the year. It would appear, that it is generally during the cold season that epidemics of puerperal fever manifest themselves in Paris. The fever cannot have been occasioned by unusual crowding of the patients, as, at Saint Louis, the number delivered was smaller than usual, and at the Hotel Dieu not greater. A circumstance worth noticing is, that of sixty-seven women delivered in the special midwifery ward at the Hotel Dieu Annexe, fourteen died; whereas, out of twenty-one women dispersed in the medical wards, and therein delivered, during the same interval of time, only one died. It must, however, be mentioned, that the sixty-seven females alluded to had been drafted from the Maternité, where puerperal fever existed, and where they had resided for some time. They may therefore have brought with them a kind of predisposition. Various circumstances occurred during the epidemic which seem to favor the idea of contagion. Thus, at Saint Louis, for some time, all the women placed in two small rooms were attacked. A woman operated on for uterine polypus, and placed in one of the midwifery rooms, was seized two days after the operation with the same symptoms as the other women, and died. On examination, the only lesion found was the lactescent effusion into the peritoneum. The uterus, as also the veins and lymphatics, were perfectly healthy. Ancient authors—Van Swieten, for instance—consider non-lactation as a predisposing cause. Most of the women attacked during these epidemics were not suckling.

The principal means of treatment resorted to, were bleeding, general and local, mercury administered internally and externally, the essential oil of turpentine, ipecacuanha, and the tincture of aconitum. General bleeding, which was tried when the re-action was energetic, the pulse full and resisting, was not attended with beneficial results. The pulse soon fell, and extreme prostration followed. Local bleeding, by leeches applied to the parietes of the abdomen, always gave relief, but the amelioration was only momentary, the pains soon returning. Calomel was administered internally, twenty or thirty grains being given in six doses in the course of the day. It nearly always acted on the bowels, but did not occasion salivation. As, however, it was seldom possible to continue its use more than two or three days, owing to the short duration of the disease, this is not surprising. At the same time, mercurial ointment was rubbed into the thigh in some cases. In two instances, two pounds were



rubbed in within the twenty-four hours without preventing a fatal termination. Turpentine was given to three patients without success. Ipecacuanha, which was administered, apparently with great success, by Douchet in an epidemic of puerperal fever at the Hotel Dieu at the end of the last century, was also resorted to in the first stage. It appeared, in some few cases, to produce slight amelioration for a few hours, but the disease soon resumed its former intensity. In the only two cases that were saved at the Hotel Dieu Annexe, the treatment consisted, at the onset, in antiphlogistic measures, and, subsequently, in the use of mercury, internally and externally, and in the administration of the tincture of aconitum; at first one drachm, and afterwards two, in a four-ounce mixture during the twenty-four hours.

#### SLOUGHING AND CANCER OF THE WOMB.

By E. Z. Dudley, M.D., Lexington, Ky.

*Sloughing of the Womb after Parturition.*—During the winter of 1837, a physician brought his wife from Alabama, to consult Professor Dudley upon the propriety of an operation which he wished to have performed upon her. The vagina was completely closed. The history of the defect was as follows. Some years previously she had given birth to a child, and in the progress of parturition great violence had been done the internal organs and vagina. So great was the injury that sloughing ensued, and the husband stated that he recognized, in the slough, a portion of the uterus and Fallopian tubes. The consequence was the entire occlusion of the vagina, by adhesion of its opposing walls. Some years had passed since this catastrophe, and yet there was no evidence of the menstrual secretion. This fact convinced Professor Dudley, together with the representations of the husband of the patient, that the uterus was destroyed, and such being the case, he declined subjecting the lady to the pain of an operation, without any prospect of beneficial results. If the uterus had not been destroyed, the accumulation of the menstrual fluid would have distended the lower portion of the abdomen, so as to present appearances of pregnancy. The vaginal adhesions would have yielded to the pressure, until becoming thin enough to admit of division, she might have been relieved.

*Cancer of the Womb.*—As a general remark, the local pains are of the most excruciating character, in this disease. Frequent and dangerous hemorrhage occurs, and in the interval, the burning, bearing-down sensation is almost insupportable. Professor Dudley treated a case which offered remarkable exceptions to the usual symptoms of cancer uteri. This patient did not complain, at any time, of the womb. The interruption of her menses and the leucorrhœal discharge were supposed to result from the disease in the chest, of which she seemed to be sinking. She had pain in the side, diarrhœa, and hectic fever, and for weeks prior to her death expectorated large quantities of pus. A *post-mortem* inspection, however, proved the lungs to be perfectly healthy. The womb was

completely destroyed, with the exception of a small portion which served as a medium of union between the bladder and the rectum, between which there was an ulcerated opening of considerable extent.

Andral mentions cases, and they have been observed by other pathologists, in which the mucous membrane of the trachea and bronchi appeared perfectly healthy, when during life the symptoms had been those of phthisis or chronic pulmonary catarrh. Dr. Wilson Philip speaks of the dyspeptic phthisis. The singularity of the above case consists in the fact that the lungs should have become the exclusive seat of complaint, while the cancerous disease had committed such fearful depredations upon the pelvic viscera, and in such an insidious manner as to have escaped observation. The case hereafter recorded, represents the usual symptoms and progress of these diseases of the womb.

*Cancer of the Womb.*—A black woman, æt. 35, belonging to General D., of this vicinity, never recovered her health after the birth of her last child, in the spring of 1841. She had occasional and irregular discharges from the uterus for some months, and I was finally requested to visit her in the fall. The discharges about this time became frequent—alternately sanguineous and leucorrhœal. She suffered intensely with the return of every menstrual period, and at this time the hemorrhage generally recurred. She was unable, on account of the continual burning pain in the post pubic region, the progressive emaciation of her person, and the leucorrhœal discharge, which became constant during the winter, to engage in any of the duties of the family. She passed the summer of 1842 in unmitigated torture. The discharge from the womb was disgustingly offensive, and during the month of August, when she evacuated her bowels, the fæces passed per vaginam as freely as from their natural exit. About the middle of October she was released from her sufferings, and I was permitted to make a *post-mortem* examination. The uterus, rectum and bladder were firmly united together, constituting a mass of indurated matter as large as a half peck measure. Os tincæ and the neck of the womb were destroyed—the anterior face of the rectum, and the posterior wall of the bladder, were extensively invaded by ulcerative absorption, and these viscera communicated through the medium of the womb. The coats of the bladder and intestine were half an inch in thickness, and the body and fundus of the womb converted into a shapeless mass of disease.—*Western Lancet*.

#### LETTER ON HOMŒOPATHY.

*From an old Physician HERE, to a young Physician there, in reply to a communication from the latter recommending HOMŒOPATHY.*

[Communicated for the Boston Medical and Surgical Journal]

DEAR SIR,—You was right in supposing “it possible,” and you might have added more than probable, that a letter from you, both now and at all times, would be very acceptable. To be kindly remembered by old

friends and acquaintances cannot fail to be agreeable—a visit, a letter, or cordial recognition, from those I have known at different and distant periods of a pretty long life, is one of the greatest pleasures I enjoy, in my old age and comparative retirement.

Waiving the compliments, and coming to the leading subject of your letter—*homœopathy*—I might well excuse myself from all discussion of its merits, by saying that I was too old to *learn*, and, in my 85th year, too old to *unlearn* what little I have heretofore learned—but finding that it is a subject which has captivated you, with many others, I will not avail myself of this excuse, but freely give you the crude notions which have occurred to my mind, although I foresee they will differ widely from your own—but one had sometimes rather be contradicted than neglected. When this *system* was first announced, with the strange assumptions that most diseases proceeded from the *itch*, and that all diseases were to be cured by medicines capable of producing the same disease in the healthy body—that *similia similibus curantur* was the rule, or, in plain English, that “the hair of the same dog would cure the bite”—and furthermore, and moreover, that a millionth part of a grain of any ordinary medicine, divided and subdivided, by some hocus pocus manipulation or agitation, would produce greater effect on the constitution than a large or full dose of the same—I confess I was so struck with these and other absurdities and contradictions, that I said to myself, “this is the baseless fabric of a vision”—and accordingly set it down at once to the account of Mesmerism, transcendentalism, and other *Germanisms*, of which that dreamy country has been so prolific of late years.

I have read very little on the subject, but I have seen and heard enough to convince me that it is chiefly *humbug*—sublimated quackery—having this advantage over vulgar quackery, that, to use a nautical phrase, “it comes in by the cabin windows and not by the hawser hole;” it takes with the better informed, more refined and fashionable part of the community, rather than with the poor and illiterate—for which several reasons may be assigned. It comes recommended to them, like its predecessor, the *moon story*, in the imposing garb of *science*, and, learned as they are in theology and metaphysics, law and general literature, they wisely consider themselves most competent judges in the case; not aware of the peculiar and intrinsic difficulties of a subject so foreign to their ordinary studies and pursuits. Homœopathy, as it is called, makes bold pretensions to superiority over the art, as commonly practised by the regular physician, which with the latter is notoriously and *confessedly* imperfect, inasmuch as men, women and children *do die daily* of various diseases, notwithstanding the best exertions of the best old-fashioned doctors. It is a novelty, and drowning men will catch at straws—and who can blame them? they wish to live, and think they have much to live for. Then it is such an elegant mode of practice, and taxes the delicate palate and stomach of the patient so lightly, and its *pearls*, if not dear-bought nor far-fetched, are so fit for ladies. Moreover, to keep up the delusion, it can under these new colors fight disease with whatever weapon it chooses—upon an emergency, steal an arrow from

the quiver of *allopathy*, without fear of detection—and the knowing ones (for such there doubtless are) will not willingly let a patient die, when their better knowledge teaches them that a resort to *allopathic* medicine will save him; but the doctor and his remedies still wear the homœopathic flag—and were the artifice known to both, such is human nature, the true interest of one party and the false pride of the other would keep the secret—

And make the pleasure quite as great,  
Of being cheated, as to cheat.

To all which may be added—we live in an age of such new discoveries and inventions, that nothing new seems incredible. Steam has outrun the horse and beat the wind, and electro-magnetism has beat the beater. Machinery of various kinds has almost superseded the labor of man. And why may not the medical art be so improved and perfected as to annihilate disease, and prolong human life to the age of the antediluvians, as the illustrious Bacon has predicted—and why may not homœopathy be the one thing needful to fulfil the prediction—ay, why not?

Early in this business, I was asked by a learned convert, what I thought of it. I told him that in my opinion it depended upon the solution of a problem—whether too much medicine was not worse than none at all; for it is a fact, of the truth of which I have been long convinced, that in ordinary practice, physicians give too much and too many medicines, without due regard to their real efficacy, their affinities or compatibilities—either from an over-estimate of their virtues, or over-complaisance to the longings of their patients—for it is an old observation that the people love remedies (*plebs amat remedia*) for their real or imaginary ailments—whilst probably nine out of ten of them might more safely be trusted to regimen and the conservative and restorative powers with which God has blessed this last work of his hands. It is these imaginary, nervous or chronic complaints, which afford the most promising field for homœopathy. Here infinitesimal doses, aided by strict attention to diet and regimen, will do wonderful things in a few weeks, which are generally allotted, I am told, for any sensible effects to be perceived from the new remedies. In the mean time abstinence, and faith without works, have wrought the cure.

I like, however, this minute attention to diet—it is a thing too much neglected in the ordinary practice. I give homœopathy credit for this, and for the more frequent use, perhaps, of some neglected narcotics, and their professed simplicity in the use of remedies, which may be regarded as improvements. Indeed the wildest medical doctrine ever promulgated, from Paracelsus to Hahnemann, has led to some useful results—the introduction of some new remedy, or some modification of an old one. A new sect in physic, as in religion, must do something by the common, or gain few proselytes.

You say, and I doubt not your sincerity, that you have studied the subject with attention, “minute examination, and careful *experiment*,” and have come to the conclusion that the doctrine of homœopathy is *true*. But have you considerably asked yourself the question what is

truth, and what is *reliable* experience, when applied to this subject? Now I fear *absolute truth* is unattainable in medical science, and *reliable* experience too seldom attained. The fallacy of experience is a complaint as old as Hippocrates—he expresses it in his first aphorism, “Life is short, art long, opportunity fleeting, *experience fallacious*.” If we should believe all that sensible, well-disposed persons tell us of their experience, we should believe contradictions without number. Dealers in medicine have been too hasty in drawing conclusions—*post hoc ergo propter hoc* has been an abundant source of fallacy in all ages. Men seem to forget the old adage, that one swallow does not make a summer—or that the favorable termination of a hundred cases of disease does not definitively settle the question, between the strength of the remedy and the strength of the patient, or self-limited nature of his disease. Experience must be scrutinized and cross-questioned a thousand ways before she can be considered an indubitable witness in a case of life and death, at the bed-side of the sick.

What you say of the “immutable laws” of homœopathy, as forming a code uniformly applicable to every case of disease, in every clime—like an interest table, or book of logarithms, to be referred to as an infallible guide—affords, in my opinion, the strongest proof which could be offered of the absurdity of its pretensions. One could as soon believe a portrait painter, who sitting here in his studio, should pretend he could take the exact likeness of every man or woman in Europe or America without seeing them. The general outlines, the prominent features, of the human countenance, we know he can draw; but the nice shades of difference, the particular expression by which every face is distinguished from every other face, are beyond the reach of his art—each case requires one or more deliberate sittings, and a practised eye.

No, my dear friend, let us honestly confess, that the science of medicine is *imperfect*, and from necessity will always be so, till man and his nature are changed. Absolute truth and certainty in it, are unattainable; some near approach to truth, a high degree of probability, is all we can hope for. But by study, observation, and *well-digested* experience, we may attain that, which will always render the medical art, in discreet hands, honorable to its professors and beneficial to mankind. It is thus, that with different degrees of probability, far short of demonstration, some of the most important affairs of life are conducted. It is thus, with some science, and much more experience, the seaman and the farmer pursue their several avocations, and for the most part successfully—yet neither can calculate with *absolute certainty*, on a safe voyage or an average crop.

I might say more did time and space allow. You will think, perhaps, I have already said enough—not too much, I hope. We can agree to disagree in theory, whilst in practice I trust we shall always agree in all that regards friendly feelings or mutual good offices. If I have treated your new favorite sometimes with levity, it was when I found it impossible to be grave on such a subject. If I have sometimes spoken with confidence, remember you set me the example.

After all, whether this *new light* is to bedim all other lights and become our true and only guide ; or to prove itself an *iguix fatuus* to mislead the unwary ; whatever its merits or demerits, I will venture to leave to time and experience to settle, confiding always in the truth of that sententious remark of a wise Roman, "*Opinionum commenta delet dies. Natura judicia confirmat*"—or to the same effect, that of his near cotemporary, the Jewish doctor, "If this thing be of God it will stand, if *otherwise* it will come to nought." So long as you continue to practise homœopathy, with a clear conscience (and I am sure you will practise it no longer) I hope you may find it *profitable*. The business of a physician has a double aspect—not *Janus*-like, for they both look forward—one a trade by which a man is to get his bread, the other a liberal profession, which has for its object the greatest earthly good of mankind ; and they are not irreconcilable. That you may succeed in both, is the wish and prayer of your old and sincere friend,

W.

Sept. 4th, 1845.

## COLLECTION OF MEDICAL DEBTS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—An article in the Journal of September 24, "On cheating doctors out of their dues," contains much truth, but is nevertheless a partial view of the subject. Medical men themselves, as a body, do much to create and encourage the evils of which they complain so loudly. To secure the patronage of a certain portion of the public, is it not true that doctors, especially young doctors, flatter and feed their prejudices and succumb to their meanness and parsimony, and thus become the victims of their own indiscretion and want of forecast? Mankind are the same in all places, and he who neglects or refuses to pay his grocer's and butcher's bills, will not be likely to think of his doctor's—when he is in health. Community may be divided into classes. One, who do not mean to pay ; another, though honest, industrious and grateful, are, unfortunately, really unable to pay ; a third, who can and will pay on compulsion ; and a redeeming class, who reconcile a physician to his profession, and who pay promptly, liberally and cheerfully.

After a pretty long life of professional labor, with ample experience of its perplexities, vexations and privations, we venture to propose a plan for the collection of "dues," which may commend itself to imitation. A doctor's bill should be presented for payment—either by *cash* or *note*—quarterly. Those who are able and willing to pay will not object to the requirement. With the honest, industrious poor, such abatement should be made, *on settlement*, as can be afforded, and an arrangement for the payment of the balance suited to their condition and circumstances. Those who refuse to pay and decline to give a note—*mark them*. To carry out the plan, provide a common folio alphabet for a *diary* of charges made alphabetically, equivalent to day-book and ledger, for the quarter. At the end of the quarter, if the "doctor" have



curiosity and has charged himself with his cash receipts, by footing the diary he will get the amount of his business for the quarter. Transfer the unpaid accounts from the *diary* to a *bill-book*—a pocket ledger with an alphabet attached—and without delay present and settle these bills as above proposed, thus—

|                |                                                 |               |
|----------------|-------------------------------------------------|---------------|
| 1845.          | A——— B———,                                      | Dr.           |
|                |                                                 | Dolls. Cents. |
|                | <i>Med. Attendance, from Jan. 1 to April 1.</i> | — —           |
| Cr.—Disc't, \$ | Cash. \$                                        | Note, \$      |
|                |                                                 | to bal. — —   |
|                | <i>April</i>                                    |               |

Those who refuse to pay or to give a note *must* be told (courteously), on their application for services afterwards, that no physician can afford to render his services gratuitously. There are anomalous cases to be provided for. For instance, a stranger calls on the doctor to make a journey, requiring him to be absent from his home, family and business, at a sacrifice of time and money. Before making an engagement, let the doctor inquire who is to pay? The doctor's sympathy will be often appealed to, and his benevolence taxed. He will be told that the patient is very sick and very poor. Then let his sympathizing relatives and friends and neighbors, who are well to do in the world, make up a purse for the doctor. If the proposed plan startles the young physician, he may know that the experiment has been made, and the plan *works* admirably. And if he have not come to the conclusion, that "better be d—d than noticed not at all," and if he can "screw himself to the sticking place," and adopt the plan, it will not only promote his pecuniary interests, it will give him professional caste; and when it is seen and understood that he dares to respect himself and the noble profession to which he has devoted himself, our word for it, he will command the respect, confidence and support of those whose patronage is worth possessing.

SENEX.

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## COPLAND'S MEDICAL DICTIONARY.

By Stephen W. Williams, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

I CANNOT forbear to express my unbounded satisfaction in the reception and perusal of a volume of this inestimable work, now in the process of publication by the Harpers, which has been presented, as its annual volume, to every fellow of the Massachusetts Medical Society who has paid his annual assessments. In my opinion so valuable a medical work has never been laid before the American medical public. And it is rendered doubly valuable to American physicians by the able notes of the indefatigable and untiring editor in this country, Dr. Charles A. Lee, whose name alone is a guarantee to the successful sale of the work. So long as such a book as this is patronized and read by our physicians, there is no danger of the science of medicine deteriorating in our country. It is

a perfect *exposé* of the progress and state of the theory and practice of medicine to the present moment, or an encyclopædia of everything that is known upon the subject on which it treats. We ought to hail the day of the publication of such a work in our country, as a day of jubilee for the triumph of the healing art. Let empiricism in all its protean forms assail us; let hand-bills, extolling patent quack medicines, which are the disgrace of our country, stare us in the face at the corners of our streets and in every grog-shop, so long as we have such works as Copland's Medical Dictionary, the Cyclopædia of Practical Medicine, and a few other works of a similar character to guide us, our ship will still continue to ride triumphant in the harbor of public opinion.

Not an uninteresting portion of this valuable work is the bibliography or reference to the work which treats upon the subjects recorded in the Dictionary. Not a work escapes the notice of the able author and editor, from Hippocrates, Galen, and Avicenna, to the present moment. The author refers to foreign works, and the editor to American. Both have great and almost unequalled facilities—the former, in having access to the immense libraries of Great Britain, and the latter to those of the United States, and they both have diligently improved the advantages to the edification and instruction of their readers. Seven years ago the Massachusetts Medical Society re-published, for its members, the two first volumes of this invaluable Dictionary. It was a dark epoch which compelled her, through the inability of the author, from some cause unknown to me, to suspend for a while the publication of this great work. Now that he has again resumed his labors, we trust we shall possess all the light which these pages will bestow upon us. We hope and believe that the work will steadily progress, without further interruption, to its closing sheets. Then, while every other branch of medical literature and science as rapidly advances, we shall be able to show to the world that our profession is more enlightened and scientific than most of the other professions. It is devoutly to be hoped that every physician in our country will procure a copy of this inestimable work.

*Deerfield, Mass., Sept., 1845.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, OCTOBER 8, 1845.

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*New York Mastodon.*—A correspondent furnishes a few observations upon the character of the great skeleton recently exhumed on the farm of Mr. Nathaniel Brewer, of Newburgh, N. Y., which, by way of designation, is called the New York mastodon. The bones have been put together, and the fact is ascertained that the phalanges of one hind foot, only, are missing. Accompanying the letter is a fragment cut from a paper published near the locality where the skeleton was found, that gives some new views in respect to the appearance of the animal when living. A no-

tion has been entertained by naturalists, that there was a general external similarity to the elephant—the spine being curved to form an arch between the front and hind limbs, which represented abutments. That mechanical structure seems to be positively necessary in the elephant to sustain the prodigious weight of the abdominal viscera; but in the mastodon, it is declared with confidence, by the writer of the article which follows, that the spine was nearly horizontal. Comparative anatomists, however, will soon settle that question, when they examine the Newburgh bones by the side of those from New Jersey, now on exhibition in Boston.

“ From the skeletons heretofore made of this animal, and also from the drawings of them, a very incorrect idea is formed of its shape and dimensions. It is a very prevalent opinion that it is like the elephant. But it resembles that animal only in having a trunk and tusks, otherwise the whole form is different. Unlike the elephant, its back, instead of arching upwards, bends a little downwards, giving to it rather the shape of the horse. Its head, in its natural position, is nearly two feet higher than any other point, its top being nearly thirteen feet from the ground. This we can readily credit when we reflect that the tusks would project nine feet in front, and would have been utterly unmanageable if the head had not been placed high up. From the top of the head it slopes off gradually to just behind the shoulder blades, and thence the back is horizontal to the root of the tail. This is the case with the top of the back; the under side is a gradual and graceful curve as far as the third or fourth vertebræ of the back, where the direction again becomes nearly horizontal. The entire form and structure of the animal is wholly different from the elephant. It has a short tusk or tooth, coming downwards from the front point of the lower jaw.

“ Length of hind legs, 6 feet 6 inches; length of fore legs, 6 feet 2 inches; height of fore shoulder, 10 feet 9 inches; height of rump, 8 feet 6 inches; length (including tusks), 28 feet 4 inches; between hind legs, 2 feet 8 inches; between fore legs, 2 feet 2 inches; length of hind foot, 1 foot 10 inches; length of fore foot, 1 foot 11 inches; insertion of tusks, in head, 2 feet 5 inches; height of top of the head, 12 feet 6 inches.”

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*Solitary Imprisonment.*—After the appearance of an article in the Journal, on the health of convicts in the Massachusetts State prison, week before last, the question was asked us, if the intention was to cast reflections upon that very distinguished philanthropist, Miss Dix? We were not a little amazed that any one should suspect an allusion to any individual was made in that paper, when the sole object was to attack what we consider a false principle. We never saw Miss Dix, to our knowledge, nor have we read one of her reports; but from all that has been represented of her active benevolence and excellence of heart, no one respects her more than ourselves, and we regret extremely that the idea was suggested from any source that she was particularly the mark to which the observations pointed. Indeed, whether she is an advocate or not for solitary cells, in which state prisoners are to be kept out of sight and out of mind, is of little consequence, since our humble efforts are solely directed against the error in question. All our readings, including the reports of medical attendants of institutions where the solitary system has been adopted, have convinced us of its barbarity, and its destructive influence on the body and mind.

These observations, let it be understood, are aimed against what we consider a growing disposition to revive the cruelties of a demi-civilized age. Man was made for society, and to cut him off from all intercourse with the great family to which he belongs, so that all social relations are wholly destroyed, is an infliction of no ordinary character. Modern christian legislation has in view the restoration of the criminal to the privileges and enjoyments which are temporarily withheld, but the horrible incarceration of a human being in a cell, alone, night and day, year in and year out, so located that his every movement is seen by a watchman whom he cannot see, is worse than death. The grave presents no aspect so terrible to a rational being. Testimony of the highest order has been repeatedly adduced to show the bad effects of the solitary cell discipline. Wherever adopted, the very keepers themselves, medical observers, and, lastly, the great public, revolt at this modern deterioration of the science of legislation.

Nothing is easier than to theorize on the beautiful moral effects of solitary confinement. It so refines the feelings, purifies the heart, and develops a religious sense of sin, dependence and accountability, that the hardened wretch melts with contrition in the tomb in which he is permitted to breathe out a vegetable existence! God forbid that such humanity as this should germinate in New England. Philosophy, religion, and the dictates of sound sense, war against such a shocking perversion of law, under the thin drapery of *the best good of the prisoner!* A medical journal is not precisely the place to argue a grave topic like this; still, we shall never flinch from vindicating the unalienable rights of every member of the great family of man, to inhale the air and enjoy the light of day. When all civil rights are forfeited by perversion of conduct, by high crimes against the peace and well-being of society, a penalty must be inflicted, but common humanity requires that punishment shall be tempered with mercy.

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*Inoculation of a Cow.*—Dr. S. A. Cook, of Buskirk's Bridge, N. Y., inserted in a heifer variolous matter taken from a subject about five months previous, on the 11th day of the disease. At the end of seven days it produced no effect. On the ninth day we received a note from Dr. Cook, but he had not seen the animal for the last two days. We expect to have the result for publication, when his experiments are brought to a close. What is the reason his report to a medical society in 1841, on the question, how far kine pock affords protection, has not been published in full? Our own mind is definitely made up on the subject, viz., that when once well vaccinated with pure lymph, the protection is ever after complete. Still, we covet the opinions of others, however much they may differ from our own, since the governing ambition in conducting a medical journal, should be not to propagate solely our own views, but those of the whole profession.

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*Massachusetts Medical Society. Counsellors' Meeting.*—At 11 o'clock, on Wednesday last, the President in the Chair, the Council was called to order. Dr. Dalton declined the honor of delivering the anniversary discourse in May, 1846, and Dr. John O. Green, of the city of Lowell, was thereupon unanimously elected orator for that occasion. Some matters of

medical police, regarding the alleged violation of certain by-laws, were referred to committees. A committee was also raised to report at the next meeting of the council, in February, in relation to sending delegates to a proposed National Medical Convention to be held in New York in the month of May, 1846. There was a tolerable full council, considering how freely it rained at the hour of assembling; and although so dark that candles were introduced, there were present many bright lights of medical science.

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*Washington University of Baltimore.*—By the annual circular, it appears that medical lectures commence on the last Monday of this month. A new department, entitled "*General Pathology and Special Pathology, Physical Diagnosis and Treatment of Diseases of the Chest*," has been instituted, to which Samuel A. Annan, M.D., is appointed. Dr. S. K. Jennings, on account of infirmities and ill health, a while since resigned the chair of Obstetrics and Diseases of Women and Children, to which John Fonerden, M.D., was elevated. Drs. Monkur, Foreman, Baxley, Gibson and Wilson, are all known to the medical community, and their professional attainments extensively acknowledged.

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*Domestic Management of the Sick Room.*—This little volume, from the press of Lea & Blanchard, strikes us favorably. The name of Dr. R. E. Griffith, the American editor, is another favorable indication of its value. Through Messrs. Ticknor & Co. a copy has just been received, but too late for an extended notice. Some idea may be formed of the object of the author, Dr. Anthony Todd Thomson, of London, by the heads of chapters, which are—furnishing the sick-room; attendants; administration of medicines; cold affusions, shower bath, douching, fomentations, &c.; rubefacients, vesication, issues, setons, bandaging, &c.; convalescence, diet in disease and convalescence; and, lastly, mental influences upon the body in disease, and religious consolation in disease.

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*Medical Matters in Canada.*—Delegates chosen to represent the medical profession of the districts of Quebec, Three Rivers, Montreal and Toronto, met in convention on the 20th ult. The delegates for each district having produced their credentials, Dr. Valois, of Pointe Clair, then rose and requested the meeting to consider, before proceeding, whether Montreal should have the advantage of more votes than the other districts, seeing that when other medical societies existed, such societies had entrusted its affairs to the delegates of their respective districts. After considerable discussion, and after various modes of conciliation were proposed without effect, the question was about being put, as to whether the present Convention was one of delegates of societies, or one of the different districts, when Dr. Badgley moved to resolve, seconded by Dr. Marsden:

"That an Association of the Licensed Practitioners of the United Province of Canada, be now formed, with a view to excite and encourage a more extensive cultivation of all the departments of medical science, and thereby to elevate the character of the profession—to superintend, protect and maintain the rights and privileges of its members, and to induce among them cordial co-operation, in what relates to their common calling, as well as friendship and good feeling in their private relations."

To which Dr. Rousseau, seconded by Dr. Painchaud (Dr. Fortier also offered to second it) moved the following amendment:—"Dr. Rousseau propose en amendement, que les délégués de la profession médicale des différentes districts de la Province, ici représentés, se forment immédiatement en convention, pour délibérer sur les intérêts de la dite profession."

The amendment was carried by a majority of one—the Chairman not voting.—*British American Medical Journal*.

*Medical Miscellany.*—There were 197 sick seamen received into the Chelsea Marine Hospital the last quarter: 16 discharged, cured or relieved; 12 died, and 62 still remain.—Dr. Artemas Brown, of Medway, Mass., while with a patient dangerously injured by a fall, was informed that his house was on fire, and greatly to his honor and that of the profession of which he is an exemplary member, refused to leave the distressed man, although all his property was destroyed, till he had done for him all in his power.—The fear of an increase of yellow fever at New Orleans, seems to have subsided.—A lady in New Salem, Mass., had three daughters at one birth, on the 13th ult., whose average weight was 6 lbs. 9 oz. each.—The New Jersey Lunatic Asylum is to be 460 feet long on the front; the centre building 69 feet front, by 84 deep—and the whole, 3 stories high.—Dr. P. H. Lewis, of Mobile, well known by his writings on yellow fever, has been appointed Physician and Surgeon of the U. S. Marine Hospital in that city.—Two physicians in Buffalo have been prosecuted for employing people to exhume bodies.—A professor in Florence imagines that calculi in the bladder may be dissolved by electrochemical process.—Typhus fever is extensively prevalent at Leonardstown, Md.—A woman died at Wabash Bottom, Aug. 31st, 14 hours after being bitten on the lip by a spider.—Dr. Boughton, called Big Thunder in the anti-rent rebellion in New York State, has been convicted, and sentenced to State Prison for life.

Number of deaths in Boston, for the week ending Oct. 3, 43. —Males, 19; Females, 21. Stillborn, 10. Of consumption, 6—dysentery, 1—accidental, 1—sudden, 3—brain fever, 1—hooping cough, 2—measles, 1—inflammation of the throat, 1—old age, 3—typhus fever, 5—infantile, 2—disease of the bowels, 2—jaundice, 1—croup, 2—canker, 3—cholera infantum, 2—disease of the heart, 1—scarlet fever, 1—inflammation of the bowels, 1—rheumatic fever, 1—cholera morbus, 1—debility, 1—drowned, 1.

Under 5 years, 17—between 5 and 20 years, 5—between 20 and 60 years, 14—over 60 years, 7.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

| Sept. | Therm.        | Barometer.          | Wind. | Sept. | Therm.        | Barometer.          | Wind. |
|-------|---------------|---------------------|-------|-------|---------------|---------------------|-------|
| 1     | from 49 to 75 | from 29.33 to 29.36 | S W   | 16    | from 50 to 65 | from 29.33 to 29.50 | N W   |
| 2     | 65 74         | 29.04 29.24         | S W   | 17    | 40 60         | 29.59 29.61         | N E   |
| 3     | 68 77         | 29.96 29.00         | N W   | 18    | 61 79         | 29.26 29.14         | S W   |
| 4     | 61 82         | 29.08 29.12         | W     | 19    | 62 72         | 29.19 29.31         | N W   |
| 5     | 58 72         | 29.08 29.10         | N W   | 20    | 52 74         | 29.15 29.31         | S W   |
| 6     | 55 70         | 29.18 29.30         | N W   | 21    | 54 64         | 29.01 29.08         | N W   |
| 7     | 56 73         | 28.92 29.22         | S W   | 22    | 43 63         | 29.26 29.38         | N W   |
| 8     | 49 63         | 29.22 29.13         | N W   | 23    | 34 60         | 29.39 29.19         | N E   |
| 9     | 42 59         | 29.40 29.51         | S W   | 24    | 51 52         | 29.23 29.30         | N E   |
| 10    | 52 69         | 29.30 29.32         | N W   | 25    | 41 58         | 29.33 29.36         | N W   |
| 11    | 49 67         | 29.40 29.49         | N W   | 26    | 47 65         | 29.37 29.40         | S E   |
| 12    | 43 64         | 29.60 29.65         | N W   | 27    | 45 61         | 29.45 29.58         | N W   |
| 13    | 37 67         | 29.66 29.72         | N W   | 28    | 47 69         | 29.64 29.68         | S W   |
| 14    | 51 63         | 29.18 29.19         | S E   | 29    | 55 69         | 29.62 29.64         | S W   |
| 15    | 59 74         | 29.13 29.14         | S W   | 30    | 56 72         | 29.42 29.53         | S E   |

The month has been pleasant, mild, and rather dry; although sufficient rain has fallen to revive vegetation, not enough to raise the springs—more wells have been dry than usual. Corn and fruits have ripened favorably. On the morning of the 11th there was a white frost, and also on the morning of the 12th. The range of Thermometer has been from 34 to 82—Barometer, from 28.92 to 29.72. Rain, 2.57 inches.



*Insanity in Canada.*—According to the census returns, the number of the insane and idiotic in Canada is greater in proportion to the population than in the United States.

The total population of the United States is 17,069,453, and the number of insane and idiotic is 17,457 or 1 to 977. The population of United Canada is 1,199,604; the number of insane and idiotic is 2,376, or 1 to 504.

We subjoin the following particulars respecting the insane and idiotic in Canada, taken from the census.

Lower Canada, population, 693,549. Idiots, males, 478; females, 472; total, 950. Lunatics, males, 156; females, 152; total, 308.

Upper Canada, population, 506,055. Idiots, males, 221; females, 178; total, 399. Lunatics, males, 241; females, 478; total, 719.

The foregoing is from the May No of that excellent Journal, "The British and American Journal of the Medical and the Physical Sciences." We notice that the number of the idiotic in Lower Canada is three times greater than the insane, while in Upper Canada the number of insane far exceeds the idiotic. How is this to be explained? By the different origin of the population? The inhabitants of Lower Canada are nearly all of French origin—those of Upper Canada, British.

The insane of Canada are at present very poorly provided for. According to the Montreal Medical Gazette, there does not exist a single lunatic asylum in Canada; the receptacles for them do not deserve the title of asylums.

We are pleased to add that one is now building at the expense of the Government, at Toronto.

Nova Scotia is also destitute of an asylum for the insane, but Government Commissioners have recently visited the United States for the purpose of examining asylums preparatory to building one at Halifax.—*American Journal of Insanity*.

*Medical Schools in London.*—(Extract of a letter from Dr. LAWSON, of Lexington, Ky.)—Medical schools in London are numerous, one being attached to each of the principal hospitals. The most popular of these are, Guy's, University College, St. Bartholomew's, St. Thomas's, King's College, St. George's. These institutions are usually well organized, that is, they embrace all the branches necessary for a thorough medical education, including the following: Medicine, Materia Medica and Therapeutics, Surgery, Anatomy, General Anatomy and Physiology, Pathological Anatomy, Chemistry, and Midwifery, about three lectures will be delivered by each lecturer during the week. Full courses are not delivered in the summer, but lectures on special departments are given several times a week. Clinical instructions in Medicine and Surgery are given at most of the institutions. The summer lectures are attended by a very limited number of pupils, indeed there are comparatively few students in London during the summer. I have been present at a lecture on Pathological Anatomy when *five* constituted the entire audience; and also at an exceedingly interesting clinical lecture, one of a regular course, on diseases of the heart, with pathological demonstrations and reference to cases in an adjoining ward, when but *three* were present—but two regular pupils being in attendance.—*Western Lancet*.

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ON THE INFLUENCE OF EMPLOYMENTS UPON HEALTH.

[DR. WILLIAM A. GUY, of London, Physician to King's College Hospital, has published in the *Lancet* the results of some important researches into the comparative health and longevity of the different classes of society. The first portion of his articles is composed mostly of tables, which cannot conveniently be copied. The principal results are summarily contained in the remarks which we give below. The exact estimate of the average length of life in the three classes mentioned, according to the tables is as follows: among the gentry and professional men, all who die above 15 years of age, 59; tradesmen, 49; the laboring class, 48.]

I have now contrasted the three principal divisions of society, and those classes of employment which are marked by the strongest distinction, with a view to ascertain the influence of condition and employment upon health, and I have arrived at the following results:—1. The gentry live much longer, and are much less liable to consumption, than either the tradesmen or the laboring class. 2. The tradesmen live a little longer, and are somewhat less liable to consumption, than the entire laboring class, but tradesmen who die of consumption, die somewhat earlier than the average of the laboring class, occupying in this respect an intermediate position between those who work in-doors and those who work out of doors, and between those who use little and those who use much exertion in their employment. 3. Men who work in-doors are shorter lived than those who work out of doors; they are also more liable to consumption, and fall victims to that disease at an earlier age. 4. Men who use little exertion in their employment are shorter lived, more liable to consumption, and die of that disease at an earlier age, than men who use more exertion.

In-door occupations, then, and especially the more sedentary ones, are unfavorable to health and life, and extremely favorable to pulmonary consumption. This being admitted, the important question arises—Are such employments necessarily injurious, or are they so made by adventitious circumstances? Do sedentary employments, provided they are carried on in airy and wholesome places, tend to induce disease and shorten life? We have no means of answering this question, for the simple reason, that all sedentary employments among the laboring class, almost without exception, are carried on in ill-ventilated and unwholesome apartments. It is true, that among the better classes, sedentary employments do not appear to exert a very injurious influence upon health; and this is a strong

argument against the assumed unhealthiness of such occupations, provided they were carried on under favorable circumstances. But the facts illustrative of the effect of sedentary occupations upon the better classes, are not so precise as to produce entire conviction of their healthiness. It is at least probable, that want of proper exercise, even though all other influences to which a man is exposed were wholesome, would have an injurious effect upon health, especially when carried to such an extreme as, unhappily, it is and must be, in so large a proportion of the laboring class.

But though the unfavorable circumstances in which the poor who work in-doors are placed, render it impossible to decide the question of the effect of sedentary employments apart from the impure air which they are constrained to breathe, there is abundant evidence to show that the sedentary employments suffer most from this latter cause. The tables which contrast the employments carried on within doors with different degrees of exertion, place this fact beyond a doubt, and the comparisons which I am now about to institute lend the strongest confirmation to it.

The compositor and the pressman work in rooms similarly heated and lighted, and to a like degree unventilated. Oftentimes they work side by side in different parts of the same apartment, and they differ from each other only in the amount of exertion which they use. It is difficult to find any comparison more exact in all particulars, except in that which is the object of inquiry, than that afforded by these two classes. They differ mainly in the amount of exertion which they are obliged to use. It has already been stated that the ratio of consumptive cases is higher, and the age at which the disease occurs, lower, in the case of the compositor. This shows the unhealthiness of his employment. The same fact appears in a still more striking point of view if we compare the existing ages of compositors and pressmen beginning their employment at the same age. This comparison is made in a table contained in my evidence recently given before the health-commission. One hundred and ninety-seven compositors who began their employment at 14, 15, and 16 years of age respectively, are compared with 45 pressmen beginning their employment at the same ages, and it results from this comparison, that while the mean age of the compositor is 28 years, that of the pressman is 34, a difference of six years. When the same comparison is made for the several ages separately, a similar result occurs, the pressmen having over the compositors the advantage of from three to ten years. It would appear, then, that men who work in close and ill-ventilated rooms suffer in their health in an inverse ratio to the amount of exertion which they use; in other words, that strong exercise tends to render impure air less injurious to the system.

A curious fact, already alluded to, is brought out by this comparison between the compositor and pressman—viz., that though the pressman enjoys a higher average of existence, the compositor attains the greatest age. Thus, the highest age of any compositor at work was 72 years; the highest age, in the case of pressmen, was 60. This fact may be

readily accounted for in this way. Sedentary habits are fatal to the young, strong exercise to the aged; but a few of those who follow sedentary employments having the strength of constitution necessary to withstand the action of the poison which they breathe, are free from those severe labors which cannot be carried on with impunity when a man has passed the prime of life, and is beginning to grow old. Sedentary employments promote pulmonary consumption, which is fatal to youth and early manhood; hard labor leads to bronchial affections, which are fatal to old age. At all periods of life, affections of the lungs are among the most fatal, taking the form of pneumonia in the child, of phthisis in the young adult, of bronchitis in the aged. All the comparisons which have been instituted tend to show that in-door labor is more unhealthy than out-door occupations. Compare what classes we will—the hawker who stands about in the streets and markets with the shopman; the compositor, the tailor or the laborer, with those using strong exertion within doors; and the same result takes place. Those who work in-doors are more unhealthy, and attain a lower average age. Now to what is this to be attributed? Those who work in-doors are more sheltered from the weather, and, on an average, have better wages, and can, therefore, command better food, clothing and lodging, than those who labor out of doors. What, then, is the effectual difference between them? Merely this: that the one breathes a foul and heated atmosphere; the others, pure air. If this explanation be correct, it ought to happen, that those who work in-doors in the most unwholesome atmospheres, and have the least amount of air to breathe, ought to exhibit the effects of such confinement in a greater liability to the disease to which the in-door laborer has been shown to be peculiarly liable. That this actually happens will appear from the following comparisons, which were also laid before the health-commission. When the several storeys of a building communicate freely with each other, it must happen that the hottest and foulest air will ascend to the uppermost flat, and it will be found that the workmen employed there make great complaints of the heat and closeness of the air. Two printing offices constructed in this faulty manner gave me an opportunity of making some very exact comparisons. In the one, seventeen men were employed on the uppermost floor, and fifteen on the floor beneath. On making personal inquiries of all the men respecting their health, I found that of the seventeen men employed on the upper floor, three had had spitting of blood, two were subject to other affections of the lungs, and five to constant severe colds. Of these seventeen men, therefore, ten were subject to diseases affecting the air passages and lungs; but of the fifteen men employed on the lower floor, one only had a disease of this nature, and not a single one had spit blood. In the second printing office twenty men were employed in the upper room, and fifteen in the lower. Of the former, two had spit blood, and eight others were subject to other diseases, making in all, ten invalids, or half the number. On the other hand, of the fifteen men employed in the lower room, one only had spit blood, and two others complained of illness. The invalids in

the upper room, then, amounted to ten in twenty, while in the lower they were three in fifteen, or at the rate of four in twenty.

A similar and not less striking difference is shown to exist between two classes of men having different quantities of the same air to breathe. The following is an example :—Forty men were employed in five rooms, containing an aggregate of 12,121 cubic feet of air, being at the rate of 303 cubic feet of air per man. These rooms were lighted every evening by sixty gas lights. Other forty men were employed in other five rooms, containing 31,519 cubic feet of air, being at the rate of 789 cubic feet per man, and these rooms were lighted in the evening by seventy-five gas lights. All the ten rooms were heated by stoves. Assuming that the gas lights in the two sets of rooms produced each an equal degree of impurity in the air during the time they were burning, the comparison between the two sets of rooms would become more complete if the quantity of air which the rooms respectively contained were divided by the number of gas lights burning during the evening. It results from this division, that while the first set of rooms gave a quotient of 5, the second gave a quotient of 10½. So that, whether we take the quantity of air alone, or that quantity divided by the number of lights, it follows that the men occupying the first five rooms had less than half the quantity of air to breathe which the men in the five larger rooms had. In all other respects their situation was precisely similar. Now, of the forty men occupying the smaller rooms, and consequently breathing a hotter and fouler air, five had spit blood, six were subject to severe catarrh, six complained of indigestion, two of great debility, and one of rheumatism. On the other hand, of the forty men occupying the larger rooms, and having a purer and cooler air to breathe, only one was subject to catarrh, two to indigestion, one to pain in the chest, one to nervous symptoms, one to headache, and one had varicose veins. Not one of them had spit blood. Of the first forty, therefore, exactly twenty, or one half, were invalids; of the other forty, only seven complained of any illness. One more comparison of the same kind will serve to place in a very striking light the sad effects of an impure and heated atmosphere. This comparison is made in the following table, founded on data carefully collected and recorded on the spot, in printing offices, visited with a view to determine the real influence of this cause on the health, and altogether uninfluenced by preconceived notions. The per-centage proportions alone are given.

|                                                                        | Spitt. blood. | Catarrh. | Other diseases. | Total. |
|------------------------------------------------------------------------|---------------|----------|-----------------|--------|
| 104 men, having less than 500 cubic ft. of air to breathe - - - - -    | 12.5          | 12.5     | 17.3            | 42.3   |
| 115 men, having from 500 to 600 cubic feet of air to breathe - - - - - | 4.4           | 3.5      | 20.0            | 27.9   |
| 101 men, having more than 600 cubic feet of air to breathe - - - - -   | 4.0           | 2.0      | 17.8            | 23.8   |

It is impossible to place in a more striking light than by these several comparisons, the injurious effects produced by the constant inhalation of a foul and heated atmosphere. Any one of these results might have been possibly attributed to a coincidence, but taken together they cannot fail to produce a strong conviction of the fearful waste of health and life

which is constantly taking place among our laboring poor, especially among the class employed within doors. When we reflect that the employment of the compositor is by no means the worst specimen of an in-door occupation, that the tailor's workshops enjoy, by general consent, a bad pre-eminence over these, and all other occupations; when we add to the exposure, during the entire day, to the foul atmosphere of our workshops, a night spent in a dwelling scarcely more wholesome, we can form some idea of the fearful amount of sickness and premature death among our laboring class; and it will not excite surprise, that as careful an estimate as I could form from the most accurate data in existence, places the unnecessary deaths from pulmonary consumption alone, among the poorer classes, at five thousand a year, exclusive of the immense sacrifice constantly going on in the foul shops of the metropolis and of our larger towns. For the particulars of this comparison I must refer the reader to the last quarterly journal of the Statistical Society, and to former numbers of the same journal for other information on the influence of employments and habits of life upon health.

My object in this communication is to trace the broader outlines of this subject, satisfied with having directed attention to some of the most important considerations connected with this department of the public health.

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#### ENDOCARDITIS, COMPLICATED WITH VALVULAR DISEASE.

A Clinical Lecture by Prof. Dunglison, at the Philadelphia Hospital.

THE patient, a male, entered the hospital with high fever and a jerking pulse, which is apt to exist in inflammation of the endocardium. The peculiar expression of countenance, so often observed in cardiac affections, and so marked in the case last presented to the class, is absent in this instance. He has not suffered recently from rheumatism.

It may be repeated here, that patients who have labored under acute rheumatism are peculiarly liable to various diseases of the heart. The complication of rheumatism with endocarditis, indeed, so often exists, that some have affirmed it to be present in every case of rheumatism. Although such is not the fact, it occurs so frequently that our attention in acute rheumatism should always be directed to the condition of the heart. Should it be involved, it will be indicated by a *bruit de soufflet*, or "bellows sound," which may be produced by simple hyperæmia of the lining membrane—the endocardium—but much more frequently, the Professor thinks, by a narrowing of the cardiac orifices, the consequence of an effusion of plastic lymph. The rasp, file and saw sounds are mere varieties of the bellows sound, and acknowledge a similar mechanism. The functional expressions of endocarditis are usually marked, but the diagnosis is at times very obscure, unless recourse be had to the physical signs, and even then we may have occasionally to doubt.

The Professor here introduced a diagram on the black board to exhibit the situation of the several valves of the heart, the better to elucidate



the physical signs indicative of their morbid conditions. He also made a few observations on the sounds of the heart in health. When the ear is placed over the præcordium, two distinct sounds are audible. The *first* is a slow prolonged sound—the second a sharp, short sound, not unlike the lapping of a dog or the clacking of a valve. The former is very compound in character, and its mode of production has been the subject of much disputation. It is now, however, generally admitted, that it is a combination of the sound produced by the rush of blood through the heart's cavities, the tension of the auriculo-ventricular valves, and the muscular contraction of the organ. Almost all agree, that the second sound results from the sudden fall of the semilunar valves, as their edges are caught by the reflux blood. The professor is disposed to believe, from observations on the living heart in action, as well as from morbid results, that the semilunar valves participate also in the production of the normal first sound.

Succeeding the second sound there is a short period of repose, and then a renewal of the sounds. If the whole time occupied by the sounds and pause be divided into four periods, two of them will be occupied by the first, one by the second sound, and the remaining one by the repose.

As the function of the valves is that of preventing the reflux of the blood, after it has abandoned a cavity, it can readily be comprehended, that certain morbid sounds may be produced by an insufficiency on the part of these valves, permitting the regurgitation of blood through the orifices. The site and time at which these morbid sounds are audible differ, of course, according to the valves involved.

If the insufficiency exists in the mitral valves, the sound will be perceptible over the mammary region, increasing in intensity towards the apex of the heart, and during the contraction or systole of the organ. Sometimes a double or see-saw sound is produced, if vegetations or other morbid deposits exist on the valves. The first sound of the heart will consequently be disturbed in diseases implicating the mitral valves—but it can be readily seen, that if the auriculo-ventricular opening be narrowed, an abnormous sound in the same region may also accompany the second sound.

Should the semilunar valves of the aorta be involved, the sound of regurgitation will be most distinct over the third rib—the region of the valves—and follow the course of the great vessels; and it will be synchronous with the diastole of the heart. In this case, therefore, the second sound will be deranged—still it will be here again evident, that if the calibre of the arteries be diminished, there may be an abnormous sound over the same region accompanying the first sound.

By attending, therefore, to the situation in which the abnormous sounds are most distinct, and the time of their occurrence, it may be surmised what valves are in fault. This nicety, however, of diagnosis, does not affect the treatment. In the case under consideration, from the blowing accompanying the first sound, and from its being most marked near the nipple or apex of the heart, we infer that the mitral valves are implicated.

The causes of valvular disease are various, but the professor thinks that, in the majority of cases, they are owing to chronic endocarditis. It is very common to find, in old persons, the valves and lining membrane of the aorta coated with plates of ossific or atheromatous matter, which give rise during life to various morbid sounds.

The treatment of active endocarditis consists in the employment of active antiphlogistic means. When, however, the endocarditis has become chronic, or has left only its results, activity may be out of the question. Attention should, then, be directed to the diet, and to other hygienic measures, as moderate exercise, fresh air, &c. Violent muscular efforts, and mental or moral emotions, should be avoided; but there is no objection to the proper exercise of the intellectual faculties—as, unlike the emotions, this can have no effect on the diseased organ. The patient whose case is now being considered, was directed to be placed on the use of the hydrocyanic acid in doses of one drop, with ten drops of the tincture of digitalis, every morning—and strict attention was ordered to the diet, and general health. When old valvular disease alone exists, medicinal agents can be of little use, and reliance is to be placed solely in the recuperative powers—and on proper hygienic measures to prevent any corporeal or mental excitement.—*Medical Examiner*.

#### MEDICAL MATTERS IN LONDON.

By Dr. L. M. Lawson, of Lexington, Ky.

THE stethoscope, it is almost needless to say, is of almost universal use in London; it is the constant companion of the physician, in hospitals and in private practice. The great value of physical diagnosis is doubted by no one, though of course not relied on to the exclusion of rational symptoms. The stethoscope is commonly preferred to the ear, and the finger is employed as a pleximeter. I cannot ascertain that *cerebral* auscultation, as pointed out by Dr. Fisher, has received any particular attention here. Prolonged expiration as a sign of phthisis, so much relied on by some, is not held in high estimation by many here; and the opinion was expressed by Dr. Walshe that it is of less importance than many have supposed, and in the right lung is entirely valueless. It must be admitted, however, that there is strong testimony in favor of this sign.

In the treatment of phthisis of course there is nothing new, so far as relates to a *cure*. Dr. Hastings still insists that naphtha is an undoubted specific in this disease, but his opinions are universally repudiated by the profession. Dr. Walshe informed me that he had known the physical signs of tubercle disappear during the employment of cod-liver oil, but an absolute and permanent cure was not anticipated. This agent is somewhat extensively employed in phthisis here, but is used empirically, no one knowing its mode of action.

A practical point of great importance, in relation to disease of the mitral valve, seems not to be well settled among the physicians here. It

is commonly believed that a murmur heard near the apex of the heart, corresponding with the first sound, and diminishing in intensity when the stethoscope is placed over the sigmoid valves, denotes regurgitation through the mitral valve. But there are some very accurate auscultators here, among whom may be mentioned Dr. Addison and Dr. Barlow, who hold different views. According to the views adverted to, a murmur may be heard at the point indicated without any imperfection of the mitral valve; and it is supposed that these murmurs are especially frequent in chlorotic females. Now the important question is, how are these murmurs produced, if they exist independent of regurgitation? Some suppose that an inequality exists between the cavities of the heart, which somehow destroys the regular sequence of action and produces an abnormal sound. By others it is explained upon the supposition, that when the right side of the heart becomes distended, the organ is pressed to the left and more extensively and forcibly in contact with the thoracic parietes, and thus a roughness may be produced on the pericardium, and a sound simulating regurgitation is heard. In a large number of patients, in the wards appropriated to diseases of the heart at Guy's Hospital, I distinctly heard a loud murmur with the first sound, apparently such as indicates mitral disease, but which was referred by the attending physician to friction sound. In one case of considerable interest I examined the patient repeatedly, and found a persistent murmur at the apex of the heart, which certainly conveyed a very strong impression of mitral disease; and in the same case a very distinct sound was audible over the aortic sigmoids, leaving no doubt as to their disease. The case terminated fatally, and upon *post-mortem* inspection the aortic valves were found to admit of regurgitation, but the mitral was apparently true. The mitral valve in this case was slightly thickened, but it was declared by a very accurate pathological anatomist to be a true valve. The facts of the case, however, when carefully analyzed, did not seem to warrant the conclusion that a murmur had existed without regurgitation. In the first place, there was a little thickening of the edges of the valve, and in the next place the left ventricle was very considerably dilated. Now, it is no easy matter to determine that regurgitation, under such circumstances, had not existed, because the state of the valve during distension of the ventricle could not be very accurately appreciated, when the heart was empty; and hence it seems a fair conclusion that nothing short of inflating the heart could have determined that there was *not* regurgitation. Simple inspection of the valve is not sufficient in these cases. The conclusion, therefore, seems admissible that, although we may admit the *possibility* of murmurs being produced by displacement of the heart, it is not quite certain that even in these cases regurgitation does not take place; at all events it is premature to assume that the murmur is of friction sound, without the precaution of inflating has been observed.

The use of the microscope in the investigations of minute healthy and morbid anatomy, is being cultivated here with great zeal and energy. The great perfection of the instrument now employed, and the patient and unbiassed class of observers, entitle their labors to the highest degree

of confidence. The discoveries made by this instrument have completely revolutionized general anatomy, and have conferred the greatest benefits on pathological anatomy; still, the field for investigation is of vast extent, and is peculiarly inviting to the patient and careful observer. But as there is no department in which fallacious results are more likely to ensue, so there is none in which so much precaution should be adopted. The results of Mr. Kiernan's investigations into the structure of the liver, of Mr. Bowman's into the kidneys, and Mr. Goodsir's into the lacteals, are so many monuments to exhibit the value of the microscope when in the hands of patient and competent observers. Most of the preparations of Mr. Bowman, which are figured in the work of Todd and Bowman, I have examined, and the faithfulness of the delineations is beyond all question. In morbid anatomy, too, great benefits have been derived, and still greater may be anticipated from the use of the microscope. The instruments mostly relied on here are those manufactured by Ross, Powell & Sealand, and Smith. Ross's high powers are peculiarly valuable.

Few institutions in London will present more interest to the American physician than the London Fever Hospital; and this interest arises not only from its own intrinsic merits, but also from the valuable reports of Drs. Tweedie and Smith. The number of patients treated during last year was 792, and the number of deaths 97, or 1 in 8.6. Of these there were 77 scarlet fever, and all the remainder are called continued fever. From this statement it will be seen that intermittent and remittent fevers are almost wholly unknown in London; indeed, one of the assistant physicians of the hospital declared that he had never seen a case of either of these forms of fever.

In this Hospital, as in London generally, no distinction is made between *typhoid* and *typhus* fevers, that is, they are regarded as mere varieties of the same form of disease. It is readily admitted, however, that the symptoms, duration, and pathological changes, are dissimilar in the two forms of fever; affections of the bowels existing in one during life, and disease being found in the same part after death; but the intestinal lesion is regarded as an accidental complication, like pneumonitis or gastritis, and by no means constituting a dissimilar form of disease. Dr. Watson is of opinion that intestinal lesions are now less frequently met with than at former periods.

The treatment of fevers at the Fever Hospital, and I may say in London generally, is perhaps more remarkable for the absence of *mercury* and *bleeding*, than for any other features. It never becomes an object to produce ptyalism to cure fever, except when local inflammation supervenes, and then mercurial preparations are used sparingly and cautiously. As an evidence of the infrequency of depletion, I may mention the remarkable fact, that out of the 792 cases treated during the last year, *general blood-letting was not employed in a single instance*, and local bleeding was seldom resorted to. But instead of depletion, stimulants are freely employed; during the last year 14,000 ounces of wine, and 760 ounces of brandy, besides gin and porter, were administered.

I may remark, incidentally, that Dr. Elliotson gave me an opportunity

of witnessing some of his mesmeric operations. Certain apparent effects of somnambulism were very readily induced, and phreno-magnetism, to a limited extent, was also exhibited. One patient was an epileptic girl, who was alleged to have been permanently cured by mesmerism alone; another was a case of cancer of the breast, being mesmerized with the view of an operation without pain; she was said to have improved very much under the magnetizing; the pain, swelling and attachment to adjacent parts had sensibly diminished.

Dr. Elliotson does not contend for clairvoyance as a common occurrence; indeed, he has never seen but one case to which he is disposed to give that name. Whatever opinion may be formed of Dr. Elliotson's cases, I have no hesitation in believing that he is strictly conscientious in his opinions; indeed, this can scarcely be doubted when we call to mind the sacrifices he has made on account of mesmerism. And I cannot refrain from remarking here, that it is a lamentable sight to witness the waste of great abilities, those which would place him in the highest ranks of the profession, in the investigation of a subject which will forever disappoint his expectations; for without contending for its entire fallacy, it seems to me quite evident that little good will grow out of its application to disease. If certain anomalous effects can be produced, among which sleep and rigidity of muscle may be enumerated, it is certainly not *prima facie* evidence that it is a valuable therapeutical agent, and there is yet no incontrovertible evidence practically. Dr. Forbes has just published, in the *Medical Gazette*, a very severe criticism on this subject, which will be read with interest.—*Western Lancet*.

#### LUNATIC ASYLUM IN SOUTH CAROLINA.

THIS State was among the first to make provision for the insane poor. So early as Dec. 1821, an appropriation for an asylum was made by the Legislature. In 1822, a site for the buildings was selected at Columbia, and in 1827 they were completed for the reception of patients. Thirty-four acres of land are attached to the Asylum. The institution is governed by a Board of Regents elected by the Legislature every six years. The State reserved the right to send pauper patients to the Asylum at \$100 a year, but this sum has been found, after long experience, to be insufficient, a fact deserving the attention of those who are attempting to reduce the price at other asylums below even this sum.

Dr. Daniel H. Trezevant, a gentleman of ability and experience, is the physician to the institution, and has been, we believe, since the year 1835. But he does not devote his whole time to the institution, and on this subject frankly states, "I have often felt, and still do feel, that it is not in my power (without neglecting my other business) to devote as much time to their cases as their situation requires."

He also alludes to the propriety of a change being made so as to vest the offices of physician and superintendent in one person, but the Committee of Regents do not approve of this arrangement.

We know not the whole number of patients that have been admitted into this Asylum, but Dr. Trezevant states in his last report that "Since the year 1835, the time of my appointment as physician, there have been received into the Asylum 233 patients; and of this number 120 have been discharged cured; 14 have been removed by their friends; and 68 have died." Present number of patients, 72.

In relation to insane colored persons, the Report states, "Your Committee have to deplore that no provision is made for the insane blacks among us; that the arrangements of the building and the means of the Board will not allow it. How far this is compatible with the principles of our enlightened philanthropy, they will not decide. According to the census in 1840, there were at that time 137 insane blacks in South Carolina. From reasons, to which it is not necessary here to allude, the white and colored subjects cannot be associated, and any provision for the latter class will necessarily involve the erection of another building."

Dr. Trezevant alluded in his Report to a subject we do not recollect having seen treated of by others, viz., the propriety of compelling the insane to labor. His views are as follows:

"The great object, in the cure of insanity, is to arrest the attention, and fix the mind upon some subject unconnected with the insane idea; and while doing this, the general health should be strictly watched. When the different viscera resume their healthy functions, the brain will, in most cases, return to its normal state. But how is the attention to be fixed, and the mind employed? By pleasing conversation, exercise, and steady and sustained employment. It is now the custom, in the northern institutions, to keep the patients employed at some trade, or on the farms, and by giving them full exercise, and something to occupy the mind, they are compelled to think, and their feelings and their thoughts are diverted from the sources of misery and distraction which had shattered their intellectual powers. But what course is to be adopted with those who will neither work nor engage in amusements?

"The question is, not whether their labor is to be made profitable to the institution, but whether it is to be of advantage to them; whether the employment of the physical man will benefit the intellectual; and that being the case, I have no hesitation in saying that they should be forced. Who can object to coercion for their own benefit? Is it more than the discipline used for the sick, and the exertions children are compelled to make for their advantage? Who denies the propriety of compelling a child to learn? of requiring him to pass hours at a dull task, so long as it exercises his mind and adds to his information? Why do we make him move about, but to give vigor to his bodily frame, tension to his nervous system, and healthy action to his lungs, and by their influence on the blood, to develop, to their fullest extent, his cerebral organs? Does any parent hesitate to make a child memorize his lessons, or exercise his limbs when disposed to be indolent? And why should there be an objection to the same course with a man—one whom accident has deprived of his judgment, and who stands before us in the relation of a child? Why should we not compel him to use bodily exertion, and



by so doing force his faculties into action, whether he will or not? And why should we not adopt means that will arouse a new train of ideas (even though it may be through the influence of anger), and banish the insane illusion? This can be effected with advantage to both mental and bodily health; and should we be deterred from doing it from any feeling of false delicacy or sickly sentiment? Or ought any means to be considered improper that would effect so desirable a change? Many of our patients could not be induced to work, and heretofore they have been permitted to lounge about until imbecility crept over them, and finally crushed the little intellect they had. Which is preferable, to compel them to work, or see them gradually sink into a state of helpless, hopeless imbecility?

"I should say that any means, capable of arresting this termination, and saving one being from such a state of brutish stolidity, should not only be adopted, but considered as a blessing conferred on the afflicted. Can means be devised to compel them to exertion, without using harsh or violent coercion? I think there can. We have differed in our opinions heretofore on the subject; but I still believe that it might and ought to be attempted. We need not be tied down to one kind, but various modes of a similar character might be tried, that would compel them to action, and by action rouse the capillary circulation, bring the skin into a healthy state, and free the internal organs from the load which oppressed them into inaction. Who has not felt the languor and oppression and morbid irritability that assails them from a continued state of inactivity, and how rapidly it has been dispelled by exercise in the open air? With what a glow and general exhilaration he returns, after his whole system has felt its invigorating influence? I have brought this subject again before you, and urge most strenuously that you will see to the furnishing of proper recreation to the patients, and supply them with proper work; and that you will not permit your feelings to get the better of your judgment, and prevent the establishment of such means as will furnish involuntary and compulsive labor to those who would otherwise be idle, and that it be continued until the beneficial effects render it no longer necessary."

We regret that Dr. T. has not particularized some of the means to which he would resort "*to compel* patients to labor without using harsh or violent coercion." We cannot think of any that would not be improper. We should so consider diminishing their usual supply of food, secluding or deceiving them, &c., though these means might not be deemed harsh or violent.

In concluding his excellent report, Dr. Trezevant thus alludes to a subject that causes much difficulty in most lunatic asylums:—"Much dissatisfaction exists in the community at any refusal to permit them to visit their friends, while under medical treatment. I have tried the experiment, and have so uniformly found it injurious, that while there is a chance of their restoration, I never allow access. It often irritates, seldom soothes, but mostly leads their thoughts to home, where the source of the trouble is usually centred, and makes, of quiet, well-disposed and

orderly patients, restless, unhappy and violent maniacs. Another objection to their receiving the visits of their friends, is the incorrect opinion they sometimes go away with as to the treatment of the patients. Few reflect on the great change the moral feelings and perceptions undergo in the insane. Knowing that their friends were persons of undoubted veracity before their indisposition, they imagine they must remain so still; not reflecting that the patient, though telling what he believes to be the truth, is suffering under delusion of perceptions, and though reasoning correctly, yet he either hears, or sees, or smells wrong, and hence tells a tale not entitled to belief. This occurs in every asylum. It often makes the friends unhappy; they promise to have the evil redressed, the patient expects a change, becomes restless under the supposed grievance. But the change never comes, for it can only be effected by his becoming better, and then he neither feels the presence, nor is even aware of the former existence of his complaint. I have often had complaints made to me of the savage conduct of a keeper on one day, and perhaps have the highest encomium passed upon him at my next visit. In both cases the patient spoke what he believed to be the truth; the difference was in his feelings at the moment. I allude to this at the present time, because I have had much trouble both with patients and friends, and some, from being refused, have gone away in anger, and threatened to remove their wards from the institution. A physician is frequently placed in a very unpleasant situation. He knows that at every hazard the welfare of his patient is to be first considered, and his feelings are often severely tried by the importunity of friends."—*Amer. Journal of Insanity*.

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#### ANEMIA.

[Communicated for the Boston Medical and Surgical Journal.]

THIS disease is intimately connected with retention or suppression of the menstrual discharge. In a great proportion of cases the defective menstruation precedes, instead of following, the development of the anemia. It usually occurs at the age of puberty, and is rarely seen in females more advanced in life, except as a consequence of great loss of blood; and is unknown amongst men, except when arising from the cause just named, from wasting disease or starvation. Patients generally who are afflicted with anemia, complain of much suffering when pressure is made along the sides of the vertebral column, which exhibits that morbid condition denominated *spinal irritation*.

The medicinal treatment of anemia is very simple, and very certain in its results, but the disease is liable to relapse. In many cases the circumstances producing it, whether they consist in the constitution of the patient or in the mode of living, cannot be removed. The general experience of physicians has established the superiority of steel over every other remedy. It may be given in different forms. Dr. Taylor, physician to the Hospital in London University College, places the greatest confidence in the use of the sesquioxide of iron in doses of two

drachms three times a-day, in twice its weight of treacle, which in general prevents the steel from constipating the bowels. He states, in a clinical lecture published in the *Lancet*, that he has seen a vast number of cases treated in this way, and with uniform success. Patients are to be allowed a full and generous diet at the same time. Another preparation of iron, of great efficacy, is the muriated tincture, although it cannot be relied on with so much confidence as the sesquioxide. The iodide of iron has also been resorted to in the above disease with favorable results, although its claims to the confidence of the practitioner are not yet fully established. It has been administered in three grain doses three times a-day, and increased to four or five grains. This quantity, however, is large, and should not, we think, be given except in some extraordinary cases.

S. D.

#### HARE-LIP IN THE NEGRO.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In reply to the inquiry concerning hare-lip in the Negro, I can say that I have practised extensively among the black population in this county, and have seldom seen in them congenital deformities of any kind, not so often by far as among the whites, which I attribute to the better general health of the black mother, the result of plain, substantial diet and regular exercise. There is one case of hare-lip in a negro boy now living within two miles of my residence; and I lately saw, at a camp meeting, a mother of mixed blood, with several children, three or four in number, I think, each, including the mother, having very bad hare-lip. I do not recollect that I have ever seen any other cases among the colored population.

W. A. GILLESPIE.

*Louisa Co., Va., Oct. 1st, 1845.*

#### THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 15, 1845.

*Management in Sick Rooms.*—There is need for some plain instructions in the every-day business of managing a sick room. A nurse, a bed, and crockery enough to half fill a Staffordshire packing crate, are not all that is required. It is quite curious to observe the modes of making the sick comfortable, in different families. In one point they generally all agree, viz., in endeavoring to make the patient, at the onset of disease, so very comfortable, that he is perfectly uncomfortable. Closing the doors and windows, excluding both air and light, are but the commencement of a series of operations which all more or less practise in the beginning of any undefined indisposition, which is generally charged to a bad cold. Next, there follows a heterogeneous series of herb teas, all of which are

sovereign remedies, without any reference to the pathological condition of the patient. In some circles it is not uncommon to have ailing members thoroughly drenched with glauber salts, by way of prelude to a tremendous steam bath. When the entire circle of certain excellent domestic medicines have been brought to bear upon the case, but ineffectually, domestic consultation decides that a physician must be called.

Practitioners have a vast many difficulties to contend against, in prescribing, under such a combination of circumstances as are here delineated. Had they been permitted to indicate the treatment at first, long suffering, in a multitude of instances, might have been prevented; the cause of the disturbance removed, and a protracted illness, perhaps, wholly obviated. Besides, it is not improbable that the time spent in fussing over the sick in the commencement of inflammatory diseases of the vital organs, for example, with hot slops, brick sweats, and vinegar bathings of the temples, &c., by those who are ignorant of the first principles of medication, has resulted in the loss of life in innumerable cases.

Considerations like these, have induced us to call the attention of our readers to the intrinsic value of a publication, but imperfectly noticed in the last week's Journal—called "*The Domestic Management of the Sick Room.*" Were it extensively circulated, the good that it would effect in society would be great. One important lesson would be taught by it, viz., that those who are ignorant of the anatomical structure of the body, the functions of concealed organs and the physiological laws by which they are governed, should never tamper with the sick. If physicians proceed with extreme caution in the administration of medicines, even with simples, and the homœopaths, still more in fear of injuring the delicate machinery of organic life, hardly give doses that are appreciable to the senses, how much more carefully should those proceed in the sick room, who make no pretensions to a knowledge of diseases. With these views, it is not strange that we are solicitous for a free distribution of Dr. Todd's admirable work. When the profession give the weight of their influence towards an effort to enlighten the people in this particular department of domestic economy, their own path will be travelled with greater ease and more satisfaction to themselves.

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*Vacant Medical Professorship.*—In the last No. of the Journal there is a proposition addressed to the whole profession, which offers a prize worth seeking. A vacancy exists in the medical department of the Transylvania University, caused by the lamented death of one of the faculty. In order to fill it, the Trustees invite medical gentlemen who are ambitious in that way, and who of course possess the proper requisites, to offer themselves as candidates. A few years since, a void was made in the same College, which was filled, very much to the satisfaction of the community, by the election of Dr. Bartlett, who is now in Europe. The Trustees said, in effect, to the profession of the United States—We are in want of an able teacher, but being strangers to you, we invite those who would like the situation, to send on their names, accompanied by proper evidences of their ability to conduct the department with honor to themselves and the advancing reputation of the University. Out of the number, they selected Dr. Bartlett. Under precisely similar circumstances, they again announce their wants, and solicit immediate attention to the call.

We have been in Lexington, Ky., the location of the school—and can assure those who have any desire to offer themselves, that the one who receives the appointment will find himself established in a charming agricultural region of country, where the climate, the society, and the field for enterprise, are of an inviting character. Those who are unsuccessful have nothing to apprehend by way of chagrin, as their names will never be divulged.

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*Boston Lunatic Asylum.*—Dr. Stedman's report to the City Council shows that the institution under his care is in good condition, accomplishing as much as the warmest friends of humanity could expect. His patients, unfortunately for him, are such as nobody in private practice desires. With such subjects, Dr. Stedman pursues that excellent course which has raised his own reputation, while it has gained for the hospital a good name. All the success which characterized former years, has marked the past one—and the prospects for the future are altogether flattering. Since the hospital was first opened, 320 patients have been admitted; 200 discharged; 32 admitted the present year; residents the past year, 140—of whom 82 were males and 58 females. It is our intention to refer to this document again.

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*Fluid Extract of Valerian.*—Messrs. Smith & Perry, druggists of reputation, at 325 Washington street, have prepared an elegant and convenient article, under the name of fluid extract of valerian, which should at once engage the attention of practitioners. Mr. Hayes, the chemist, whose opinion always has weight in this community, says—"I regard the mode of preparation as one of great importance, practically in accordance with the present state of practical pharmacy, and admirably fitted not only to obtain the virtues of the plant, but to preserve from ulterior decomposition the principles on which the medicinal effect of the plant depends."

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*Insanity in Georgia.*—The editor of the Journal of Insanity has received a printed report from Dr. Cooper, Physician of the only Asylum for the Insane in the State of Georgia, located in Milledgeville. It is represented as a singular document, and from the extracts given in the Journal above named, it might well be doubted whether the resident physician or one of his patients was its author. This is to be regretted, as the lunatic asylums of the United States have enjoyed the reputation of being under the superintendence of men of good general acquirements as well as possessing the peculiar qualifications necessary for their office, and it is presumed there is no lack of such men in the State of Georgia. One short extract from the report will be given, intended, probably, to show the pecuniary benefit to the State which would flow from a proper provision for the insane poor.

"In a pecuniary and politico economical point of view, it will be to our financial interests, the Archemedian lever to oscillate the incubus beam of deranged, and depressed fiscal oppression which has shed its blighting effects upon the monitary affairs, and financial operations of the State Treasury for so many years, by lightening, the onerous

burthens of Taxation from the shoulders of the poor and destitute, and afford bread to those who are ready to perish; these are not anagogical suppositions and without veritious foundation, or demonstrable illustration, but susceptible of proof by the introduction of a few prolegominous deductions, and the aid of a few arithmetical prolepses."

We see it stated in the *Western Lancet* that a monthly periodical, to be called the "Georgia Journal of Insanity, Idiocy and Epilepsy," is to be commenced in November, by Dr. Cooper, of the Georgia Lunatic Asylum, whom we presume to be the author of the above-named report. If published, it is to be hoped the editor will at least amend his style of writing, as a constant repetition of sentences like the above would soon make the institution the laughing stock of the country.

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*Health of Geneva in Switzerland.*—Dr. F. H. Hamilton, in his interesting Notes of an European Tour published in the *Buffalo Medical Journal*, thus speaks of Geneva as a place for invalids.

"With regard to Geneva as a residence for invalids, I will make a simple statement of facts, since upon this point some difference of opinion seems to exist, and because Geneva has frequently been selected as the most suitable place on the Continent for the education of American Protestant youth. At Geneva tables of death have been regularly kept since 1660! and M. le docteur d'Espine in his report for the year 1842 declares the mortality for that year in the Canton, including a population of 60,000, of whom about one half belong to the city, to be 1 in 47½, which is precisely the mortality of your own city [Rochester, N. Y.] during the same year, and nearly the same with Boston. The average of deaths from *pulmonary* affections (upon which point the dispute has chiefly arisen) during the year 1842, was 25.8 per cent., while the average in your city in the same year was 30.85 per cent., and in Boston nearly 33 per cent. I have chosen the year 1842 simply because I possessed the means of instituting a comparison between these three towns on this year. The reports for five years in the Canton show about the same average. The rate of life here presented, I should also add is nearly double that of Amsterdam in Holland (1 in 24), and of Rome in Italy (1 in 25), while at Brussels it is 1 in 26, at Naples 1 in 28, Paris and Lyons 1 in 32, Leghorn 1 in 35, Palermo and Nice 1 in 37, and even at Glasgow, so much celebrated for its high range of life, 1 in 44. In short it is higher than in any European town of its size with which I am acquainted."

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*Boston Dispensary.*—By the published Abstract of the Reports of the Visiting Physicians of the Dispensary, it appears that the whole number of cases treated during the year ending October 1, was 2282—of which 1540 are reported as recovered, 71 died, 300 relieved, 166 removed, 65 not relieved, and 78 remaining. Of the whole number of patients, 100 only are classed as Bostonians, and 388 others as Americans; while 671 were Hibernico-American, and 911 Irish. Eighty-four births are reported from all the wards. The following officers were chosen on the 11th inst.

*Managers*—G. F. Thayer (Chairman), Samuel May, N. L. Frothingham, Pliny Cutler, James H. Foster, U. Crocker, Ebenezer Chadwick, N. H. Emmons, Samuel Bradlee, J. H. Wolcott, Jonathan Chapman, and Wm.



Gray (Secretary); George T. Bigelow, Treasurer.—*Consulting Physicians*—Drs. S. D. Townsend and Jacob Bigelow.—*Visiting Physicians*—Dr. F. E. Oliver, Wards 1 and 3; Dr. Alfred A. Lane, Ward 2; Dr. George Hayward, Jr., Wards 4, 5, 6; Dr. S. Cabot, Jr., Ward 7; Dr. John S. Carter, Ward 8; Dr. LeBaron Russell, Ward 9; Dr. Samuel Kneeland, Jr., Ward 10; Dr. J. M. Phipps, Ward 11; Dr. P. M. Crane, East Boston.

*Heberden's Commentaries*.—The October No. of Dr. Bell's Select Medical Library comprises the celebrated work of Dr. Heberden, entitled "Commentaries on the History and Cure of Diseases." It makes a volume of more than two hundred octavo pages. Jordan & Wiley are the agents in Boston.

*Works of Hippocrates and Galen*.—We are gratified to find, that the learned and venerable Dr. J. R. Coxe, of Philadelphia, has prepared an epitome of the works of Hippocrates and Galen, which he proposes "to put to press if 500 subscribers of the thousands of medical men of the Union can be obtained. It is almost impossible to state precisely the extent of the work, derived as it is from seven or eight folios; but it is believed that it can be so condensed as to be embraced in *three*, perhaps in *two*, octavo volumes, according to the type, of from 500 to 600 pages each, at a price not exceeding \$3 a volume."

"I need not say," Dr. Coxe continues in his circular, "that it has been a work of considerable labor, yet assuredly one of infinite interest and gratification to myself; and it is chiefly from such considerations that I am induced to hope, that if printed, it will afford an equal gratification to my medical contemporaries, and present to them, although epitomized, an adequate idea of those venerable writings, which have reached us after a lapse of more than two thousand years."

Every medical man, we presume, would desire to possess, in his library, the works of those venerable and venerated fathers of our art.—*Med. Exam.*

*Vermont Asylum for the Insane at Brattleboro'*.—By the Ninth Annual Report, which is just published, the institution appears to be in a prosperous condition. The buildings have been enlarged this season by the increase of about 80 additional rooms, affording greater accommodations and improving the means of classification. Three hundred and sixty-two patients have enjoyed its advantages the past year, 99 have been discharged, and 263 now remain. Of those discharged, 59 have recovered. The terms are fixed at two dollars per week for the first six months, and one dollar and fifty cents per week afterwards. Patients from the other States are received on the same terms as those from Vermont.—*Asylum Journal*.

*Sleeplessness during Fever*.—The most important medicinal property of tobacco is the application of the moistened leaves to the bare scalp in severe cases of fever attended by pervigilium and delirium. If it succeed in inducing sleep under these circumstances, it will be an invaluable remedy, for we know of no more deplorable condition, or one more fraught with danger, being the forerunner of collapse and death. We have been told of a curious and efficacious use of tobacco in America; the

fact was not stated by a professional person, though by one of undoubted veracity. A leaf of tobacco is often applied over the radial artery, or the pulse at the wrist. It seldom fails to produce free vomiting. Its powerful effects when applied to the whole surface of the scalp may be easily conceived.—*Quarterly Medical Journal, Delhi, India.*

*Medical Miscellany.*—Bilious fever and ague are carrying off many people in the lowlands of Tennessee.—Ergot is represented to be greatly on the increase in England—having extended to 18 different kinds of grass, in some places, says Dr. Latham.—A Dr. Temple shot a young man recently, at Delta, Miss., who had ill-treated his daughter.—The Shelbyville, Ky., paper states there is more sickness in Bedford Co. than when the cholera prevailed. The prevalent malady is bilious congestive fever.—In Indiana, the fever and ague is uncommonly and in fact alarmingly prevalent.—There was a class of 87 students in the medical school of Dartmouth College—out of which number, rising of 20 will be admitted to the degree of M.D.—Dr. Dixon's treatise on Diseases of the Sexual Organs is selling with unprecedented rapidity, we understand. The author will soon have another work in press, of an interesting character.—A copy of Elements of Materia Medica and Therapeutics, in two volumes, by John P. Harrison, M.D., of Cincinnati, was received too late for an extended notice the present week.—At the Lunatic Asylum, Blackwell's Island, New York, there are 386 patients, 247 of whom are foreigners. The accommodations are represented to be deficient.—A coroner's inquest was held in New York, on the body of a Miss Decker, who died in consequence of taking oil of tansy, given to produce abortion.—The widow Mercea Cardenas recently died at Havana, at the age of 100 years.—Mobile enjoys excellent health at this time, but people who have business there are advised not to visit the city till the frost sets in.—A young woman, by the name of Ashley, was killed recently in Alabama, by taking morphine, which was mistaken for quinine.—The 13th session of the Scientific Congress of France, held at Rheims, was attended by more than 600 savans of different nations.—Dr. J. M. Brewster, of Pittsfield, Mass., is the Liberty candidate for Lieutenant Governor of the State.—Another Thomsonian periodical, to take the place of a defunct journal, has made its appearance in Boston.—Dr. Bowditch has resigned the office of Assistant Physician to the Massachusetts General Hospital, and Dr. Samuel Parkman appointed to the place.—Dr. Parkman, we understand, has resigned his professorship in the Castleton, Vt., Medical College.

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TO CORRESPONDENTS.—The first of a series of reports of fractures treated at the Massachusetts General Hospital, will appear next week.

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MARRIED,—Myron Wallace, M.D., of Schenectady, N. Y., to Miss E. P. Sumner, of Hartford, Conn.—At Pensacola, Dr. A. Poitevin, late of France, to Miss M. Palmer.

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Number of deaths in Boston, for the week ending Oct. 11, 36.—Males, 19; Females, 17. Stillborn, 3. Of consumption, 4—marasmus, 2—smallpox, 1—accidental, 1—dropsy on the brain, 3—typhus fever, 3—cholera infantum, 2—bilious fever, 1—croup, 2—sudden, 2—hooping cough, 3—lung fever, 1—asthma, 1—disease of the bowels, 2—scarlet fever, 3—diabetes, 1—inflammation of the bowels, 1—jaundice, 1—erysipelas, 1—fits, 1.

Under 5 years, 20—between 5 and 20 years, 3—between 20 and 60 years, 11—over 60 years, 2.

*Hospitals and Asylums in Paris.*—The city of Paris has now 14 hospitals and 11 asylums. The hospitals may be divided either into those which are for general diseases, acute or chronic, or into those which are for special diseases. The first are seven in number, and contain 3047 beds: the Hotel Dieu, 900 beds; the Pitié, 600; the Charité, 426; St. Antoine, 278; Necker, 329; Cochin, 114; Beaujon, 400. Six hospitals are for special diseases, and they contain 2458 beds: St. Louis (for diseases of the skin), 800 beds; Hopital du Midi (for syphilitic diseases in men), 300; Lourcin (for syphilitic diseases in women), 300; Enfants Malades, 500; Accouchements, 420; Clinique, 138. To these must be added the Maison Royale de Santé, for sick persons who pay, with 175 beds. The number of the beds in these fourteen hospitals amounts thus to 5680. The eleven asylums (hospices) are divided either into hospices, strictly speaking, or into retraites (retiring places for old persons), or finally into foundations. The first are Bicêtre (for old men), with 3000 beds; Salpêtrière (for old women), 5000; Incurables Hommes (for men incurably diseased), 500; Incurables Femmes (for women incurably diseased), 560; Enfants Trouvés et Orphelins (Foundling and Orphan Hospital), 502. The retiring places are—Les Manges, with 702 beds; la Rochefoucauld, 213; and St. Pére, 182. The foundations are:—Hospices Bouvard, with 12 beds; Brezin, 300; Villars, 30. The beds of these hospices amount thus to 11,001: the city of Paris provides, therefore, for the relief of its sick and old pauper population, 16,681 beds. Not less than 100,000 patients and poor inhabitants of Paris enter every year these establishments, and amongst them 8000 or 9000 die there annually. The Hotel Dieu receives annually about 16,000 patients; the Pitié, 12,000; the Charité, 7000; St. Louis, 9000, &c. The Foundling Hospital receives annually 6000 or 7000 children. The medical department consists of 88 physicians, 38 surgeons, and not less 2700 nurses.—*London Lancet.*

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*Antidote to the Poison of Prussic Acid.*—The following, from an English paper, though not coming with the weight of authority which would give confidence to the statements, may offer suggestions which will lead to beneficial results.

A surgeon who was tormented by a strange dog prowling about his surgery, ordered a boy to give it a dose of prussic acid, and throw it into the river. A dose sufficient to send to sleep all the dogs in the township was accordingly administered, and produced, as was believed, instant death. The dead dog was flung into the river, never more to be heard of, as was believed. Next morning, however, to the consternation of young Æsculapius, it came toddling into the surgery with the greatest *sans froid*. Further experiments accounted for its re-appearance; it was found that immersion in water proved an antidote to the poison. A much more deeply interesting illustration of this fact occurred on Monday morning last. Dr. Grimes, of Blackburn, was performing an operation with prussic acid on a boy's eye, in his surgery. Accidentally a portion entered the boy's mouth, and in an instant he fell insensate, apparently lifeless. His poor mother was in consternation. The doctor carried him immediately to the pump, and discharged a copious flow of water on his person, and, after about four hours unremitting exertion, the boy revived, and is now doing well.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## FRACTURES IN THE MASSACHUSETTS GENERAL HOSPITAL.

*A Report of some Cases of Fractures treated, during the past Summer, in the Mass. Gen. Hospital, by S. D. TOWNSEND, one of the Surgeons.*

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The past season having been unusually fruitful in fractures, some of which were of a very severe nature, it is thought that an account of some of those which were brought to the Massachusetts General Hospital, together with their treatment and results, might be read with interest by some of your subscribers.

Of all the different accidents to which men are subject, there is none perhaps more common than fractures, none in which the skill of the surgeon is more manifest, or more conducive to the comfort of the patient; none, likewise, which give more anxiety to the young and inexperienced practitioner, particularly when the case presents some anomalies and the advice of other medical friends is not to be obtained. A detailed report of actual cases, with the particular methods of treatment adopted in each, is much more useful to refer to, and much more likely to relieve this natural anxiety, than those general accounts and directions which alone are to be expected from surgical works.

Some of the following cases will show that costly and complicated apparatus is by no means necessary to a successful result in even very severe fractures, and is now not always used where most readily obtained; they will also show that care and attention will preserve very bad limbs, such as, a few years since, would have been consigned, without a moment's hesitation, to that last resort of the surgeon, the knife. In no branch of the profession has greater and more beneficial improvement been made of late, than in what is so happily described as "Conservative Surgery."

This report is prepared from the records kept by Dr. George H. Gay, the late attentive House Surgeon of the Hospital.

CASE I.—June 9. B. C., æt. 40. Patient, who is a very stout man, and whose countenance indicates that he lives freely, was standing behind a waggon not very heavily laden, when the horse commenced backing; one of the hind wheels struck him, knocked him down, and passed over his leg. Reports that his foot and leg swung backwards, that the bone protruded through the skin, and that he lost much blood.

On examination, find right leg considerably swollen about the middle,

with a wound at its inner third communicating with the bone ; the tibia broken obliquely, with its upper fragment prominent and overlapping the lower. The fracture in the fibula cannot be felt on account of the swelling. The protruding bone had been reduced previous to his entering the house.

The leg was placed for the first night in a fracture-box, the wound being covered with lint soaked in blood, over which sticking plaster was applied.

10th.—Patient rested well ; leg more swollen, but not very painful or tender. R. *Magnesiae sulph.*,  $\mathfrak{z}$  vi. Extension was this day applied by the following apparatus, contrived by Dr. James Hutchinson, and thus described in Dorsey's Surgery (Vol. I., p. 181). "Two splints of wood are made long enough to extend from the knee to six or eight inches below the sole of the foot ; a mortise hole is cut near the lower end of both these splints, and the upper end of each is perforated with four small holes. A piece of wood fitted to the mortise holes of the splints, eight inches long, is to be provided. In applying this simple apparatus, the patient is to be laid on his back, and extension and counter-extension made as usual by assistants ; a pillow is placed under the leg, over which is arranged a many-tailed bandage ; two pieces of tape are next to be secured by numerous turns of a roller on each side of the leg below the knee ; these tapes are to be passed through the four holes in the upper end of the splint and tied ; a silk handkerchief is next to be passed round the ankle, crossed on top of the foot and tied under the sole. The fracture being reduced, the bandage is applied to the leg, and the silk handkerchief tied over the cross piece connecting the two splints ; by which any necessary degree of extension may be permanently applied."

12th.—Swelling abating. Reports no uneasiness from apparatus, and that he is quite comfortable.

14th.—Some twitching in leg preventing sleep during night. No discharge having taken place as yet from wound, the plaster has not been removed. Complains this morning of pain in right chest. Apply a sinapism to chest. R. Elixir of opium, gtt. xxx. at night, if pain continues.

16th.—Rather restless this morning ; some redness about lower part of wound, with some tenderness and pain. Chest easy.

17th.—Last night had cold chills, with headache and some nausea. This morning reports great headache, with pain in back and limbs. Erysipelatous redness with heat and tenderness for two or three inches around fracture. No dejection yesterday. Pulse 100. Skin hot and dry. R. *Hydrarg. submur.*, grs. iv. ; *pulv. antimonial.*, grs. vi. M. Ft. chart. 2. Take one now and repeat at 4, P. M.

18th.—This morning erysipelas about the same. Some discharge yesterday for the first time from wound. Was rather restless through the day ; slept tolerably well at night after taking *pulv. ipecac. et opii*, gr. x. Cathartic has not operated. R. *Inf. sennæ c.*,  $\mathfrak{z}$  ij.

19th.—Headache continues. No nausea. Leg looks badly ; very free and offensive discharge from wound ; in centre of redness, the cuticle

is broken, with a slight serous discharge. Tenderness and heat great. Appetite moderate. Pulse 86, but soft. Tongue somewhat coated. R. Hydrarg. submur., gr. j.; pulv. antimonialis, grs. iij. M. Now and at night. Remove bandage from leg; cover the limb with burnt flour flour, over which apply cotton batting.

20th.—Still complains of great headache and soreness of body generally. Leg looks about the same, though was much more easy after application of yesterday. Pulse 90. Skin hot, covered with perspiration. But little appetite. Tongue cleaner. R. Liquid. acet. ammoniæ, ʒ ss. every three hours.

21st.—Feels better to-day; less headache; appetite, tongue and pulse better. No dejection. Very free discharge in night from wound, also from an opening in centre of redness where cuticle was removed; a probe introduced here touches denuded bone for some distance. Omit medicine of yesterday. R. Magnesiæ sulph., ʒ vi.

22d.—Very free discharge from wound; redness and soreness diminishing.

From this time patient remained improving very slowly, while the process of exfoliation was going on, till Aug. 13th, when a small piece of bone was removed, and also on the next day.

Aug. 15th.—Another attack of erysipelas supervened, which was treated in the same way as the first, except that Velpeau's application of solution of sulphate of iron was tried for two days; it was then changed, at the request of the patient, who was much more comfortable, when the limb was wrapped in batting, covered with burnt flour, its temperature being then more equable.

After this attack, the leg gained rapidly, so that the wound was healed on the 25th. On the 30th, patient walked easily with crutches, and on the 4th of September was discharged *well*.

The rapid improvement after the second attack of erysipelas seemed to be owing to two causes. 1st. The removal of the dead bone, which allowed the external wound to close and the fractured part to acquire firmness. 2nd. The local stimulus of the disease, which often produces wonderful effects, particularly in promoting union in bones, and in cicatrizing old ulcers, which perhaps have for months resisted the care and skill of the surgeon.

CASE. II.—June 13. J. W., æt. 25. Patient, who was standing on a staging, painting, accidentally stepped on the end of a board, which tipped and precipitated him twenty feet on to some bricks.

On examination, find right leg very much swollen and tense; no discoloration or bruise of the integuments. At about middle of limb is an oblique fracture of the tibia, with the upper edge of the lower fragment somewhat prominent; about two inches below this, a fracture of the fibula; no shortening or displacement; no very great pain or tenderness.

Place limb in a fracture-box. Keep limb constantly covered with compresses soaked in diluted alcohol.

14th.—Had a very comfortable night; this morning leg more swollen, and somewhat painful about seat of fracture. No dejection. R. Inf. sennæ c., ʒ ij.



15th.—Two dejections from medicine. Leg still swollen, but not painful.

17th.—Integuments of leg yellow this morning, but much softer and œdematous.

18th.—Lower fragment of bone continues rather prominent. No pain or tenderness except at this point. Remove fracture-box and apply along calf of leg a splint with a foot-piece attached.

22d.—Swelling remains the same; great pitting of limb on pressure. Apply a many-tailed bandage from foot to knee.

25th.—Thinks leg feels much stronger since bandage. Swelling diminishing.

From this time the limb gradually improved in strength, without any unfavorable symptoms, till the 4th of August, when patient was discharged quite *well*, having no shortening of leg and being able to walk with ease.

CASE III.—July 17th. E. K., æt. 12. Patient fell through a floor in a house into a cellar, about 20 feet.

On examination, find an oblique fracture of the right femur. Leg somewhat swollen and painful; shortened two inches. Apply extension. This was done by the apparatus commonly used in this Hospital, viz., Dessault's splint improved by Flagg, a description of which may be found in this Journal (Vol. IX. p. 46), and also on page 496 of the American edition of Sir Astley Cooper's work on Dislocations and Fractures, published by the Massachusetts Medical Society. Extended experience has proved this instrument to be not only most effectual for the purpose designed, but also most comfortable for the patient and convenient for the surgeon.

20th.—Considerable swelling along front of thigh and about knee. (The usual attendant of the application of the short splints, caused by the circulation being impeded.) Complains of some pain in knee. Limb of same length with the other, and in good position.

21st.—Swelling of limb extended to upper part of leg. Has but little pain. Bandage limb from ankle up to the short splints.

25th.—Knee much smaller; swelling of leg about the same. Remove splints, and apply to the whole limb a starch bandage.

This was left on till the 29th, when the swelling had so far subsided, that it became loose, and was consequently removed and reapplied.

Aug. 16th.—Walks about ward very well with a crutch. Suffers no pain on bearing weight on limb. Remove starch bandage.

17th.—Union strong. Some pain from bending knee. No shortening of fractured limb.

20th.—Walks with ease. Discharged well.

[To be continued.]

#### PUERPERAL CONVULSIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following communication was read before the Montgomery Co. Medical Society, at the annual meeting in June, 1843. Should

you think it possessed of sufficient interest—the whole or any part of it—for publication, you are at liberty to use it for that purpose.

Hallsville, N. Y., Oct. 11, 1845.

U. POTTER, M.D.

GENTLEMEN OF THE SOCIETY,—In discharging the duty imposed by the laws of your Society upon the President, in the delivery of an annual address, I shall be very brief, believing your time of greater value than listening to anything *lengthy* which I might offer. I am now, and always have been, of the opinion, that on occasions like the present, more profit would accrue from taking up a specific subject, discussing the same, and illustrating it with cases, than from a range over the whole field of medical literature; where he having the skill may gather flowers, and exhibit his powers of elocution or display, but will little benefit the practitioner, whose professional duties call him to deal with loathsome and painful disease, or cheer him while combating the open and insidious advances of the implacable foe with whom he is to contend. Without further exordium I proceed to call your attention, for a very brief space of time, to the subject of Puerperal Convulsions.

I have chosen this disease as the subject of these remarks, not so much from a desire to discuss or review the opinions which *have been* or may *now be* entertained in regard to its pathology or treatment, as from an ardent wish to spread before you a case, which to me presented points of awful interest. I say awful, because I made a mistake of an important nature in the very outset—a mistake, however, from which I hope in a measure to be exonerated, when the true details (which I promise shall be faithfully given) are laid before you. I believe, gentlemen, that would every medical practitioner come up in yearly meeting with his brethren, and honestly point out the mistakes of the year, and chart out the shoals or breakers on which he has come near being wrecked, he would perform a more useful and praiseworthy task than the usual one of boasting of his success and embellishing his practice.

CASE.—I. S., a married lady, aged 21, advanced 7½ months in her second pregnancy. I was called to see her at 9 o'clock, A. M., Aug. 2nd. I found her vomiting acid matters, with severe headache. She informed me that she had been troubled during the whole summer with what she called “sick headache” every two or three weeks, with vomiting, after which she would be well until the next periodic attack, which account was confirmed by her mother with whom she resided. The attacks had all previously passed off without medical treatment, but the present continuing longer than usual, medical aid had been solicited.

The patient appeared rather fleshy than otherwise, but no appearance of plethora; no flushing or redness of face, but pale; eyes neither red nor suffused; pulse rather *slow* than otherwise, but soft and free; pain of the head mostly in the region of the frontal sinuses; bowels open; no uneasiness of back or womb; little if any more than natural heat of head, but some coolness of feet and legs; no singing in the ears or flashing of light before the eyes. Such were the symptoms, and they too, premonitory of an aggravated attack of puerperal convulsions, for

which I prescribed the following milk-and-water treatment—a treatment, in my opinion, appropriate for sympathetic headache, but as bad as useless, to say the least, for warding off an attack of the disease under consideration. I ordered her solution of sup. carb. soda, with small doses of this; cool applications to the head; warm foot bath, followed by sinapisms to the feet, ankles and stomach; and left her, apprehending no bad result, thinking I had prescribed for a case of sick headache, and not even dreaming of threatened convulsions.

At eleven, A. M., same day, I was called in haste, the messenger saying she “had fits,” and I found her with the following symptoms. Perfectly insensible; breathing stertorous; pupils rather contracted, but dilating and closing by admission or absence of light; heat of head same as in the morning; pulse slow and laboring; extremities warm, and had had five or six strong convulsions. Could feel no motion of the fœtus through the abdominal parietes nor by vagina, through which an examination was instantly made. Womb feeling hard as though partially contracted on its contents and low down against the vagina, but not the least dilatation of the os tincæ.

*Treatment.*—Venesection a pint bowl full; and no very decided impression being produced, more was suffered to flow from the same orifice into another, till it began to waver—the quantity probably some more than one half a common teacupful. No amendment followed; breathing same as at first, and strong, nay frightful convulsions every fifteen or twenty minutes. Cold continued to the head, and sinapisms to the extremities.

Three o’clock, P. M.—Pulse recovered about the same as before the first bleeding. The bandage was removed and blood suffered to flow from the same orifice into the second bowl (which had been left standing), till nearly filled, when the pulse became nearly imperceptible; slight syncope followed, and almost instantly another fit of the convulsions. Examination now found the womb crowded lower upon the vagina, with the head pressed upon its parietes. Os tincæ almost out of reach of the finger, with not the slightest disposition to dilate, and no motion of the fœtus.

Five, P. M.—The pulse remaining weak, and no amendment in any of the symptoms, I began strongly to fear fatal apoplectic effusion within the cranium, and decided that no further *depletion* at least would be useful or admissible, and that nothing more could be done than to wait patiently, should life be prolonged until the os uteri should so far dilate as to enable me to turn and deliver. Examinations were now made per vaginam every half hour. No change till half past two in the morning, when it was thought a slight and very slight change was occurring in the os tincæ. And now comes what seems to me a very interesting feature of the case; for at the end of the next half hour, viz., three o’clock, the os uteri was found not only dilated but the liquor amnii evacuated, and the head actually in the vagina, and in less than fifteen minutes she was delivered of a stillborn infant, followed rapidly by the placental mass and not a gill of blood. She seemed now sensible of some slight after-pains,

manifesting it by a scowl of the face and an occasional groan. These pains continued but a short time, however, when they seemed to cease, the breathing became free and without stertor, and she lay quiet until five o'clock, when she was seized with a convulsion more frightful and of longer duration than any former one, producing apprehensions of immediate dissolution. The spasm, however, passed gradually off, and she rested (still entirely insensible) till seven, when she had another (and the last) convulsion.

Left her at eight, A. M., directing powerful rubefacients from the feet to the knees, and continued cold to the head. Visited her again at six, P. M. Found the pulse rising and more heat of the head; insensibility still complete, with some tympanitis of the bowels. Opened the right temporal artery and drew about six ounces of blood, when the pulse fell again. Got down with difficulty ten grains of calomel and half an ounce of castor oil. Ordered a continuation of cold to the head, and sinapisms to feet and legs as strong as the skin would bear, and left for the night.

August 4, morning.—Oil and calomel had operated freely; head not as hot as last evening; pulse rising again; still insensible, but able to swallow medicines and soups when put into the mouth. Opened the left temporal artery, during which she partially turned in bed, ejaculated "oh dear" (the first word uttered since the attack), and carried the hand to the head. Remaining treatment same as before. Afternoon visited again. Could be roused to answer questions, though incoherently; pulse still down as left by the last opening of the temporal artery; bowels open and slightly tympanitic.

5th.—Little lochial discharge; labia pudendi and vagina hot and somewhat tender; skin moist; tongue tolerably clean; bowels had moved twice during the preceding night. Objected to the use of the catheter (which had been employed twice daily since the attack), and said she would void the urine herself, but was unable, and the catheter was passed. Ordered continuation of cold to the head, fomentations to the abdomen, and solution of cr. tart. in mucilage as drink.

6th.—Fully sensible; head cool and pulse quiet; had voided urine without assistance during the night; labia and vagina moist, and heat gone; milk secreted freely, but the bowels running so as to drive her up at least every half hour. R. morphine, gr. 1-8; ipecac., gr. j.; sod. carb., gr. x. Mix. To be taken every fourth hour.

7th.—Symptoms all favorable; bowels quieted. To stop the powders, and take only sub-acid and mucilaginous drinks. No daily notes were taken from this time, as the case progressed rapidly and regularly to recovery.

*Remarks.*—I have thus, gentlemen, given minutely (indeed tiresomely so) the details of this case as I promised in the commencement; and if there be nothing interesting in the *treatment* or progress of the *attack*, yet I feel morally certain, that if premonitory symptoms like those detailed may be followed by an aggravated attack of puerperal convulsions, *some* at least of my professional brethren may be benefited by

having the case spread before them, and thus better enabled to shun the rock on which I split. I doubt not many of you have prescribed, in pregnant females, for what is vulgarly called sick headache, with symptoms precisely similar to those described in my case, and seen them pass off without ever *apprehending* an attack of eclampsia. Most writers on this disease, if I mistake not, describe the premonitory symptoms as follows, viz.—Disposition to fulness or plethora, evinced in flushing of the face, redness of the eye, flashes of light, giddiness, partial loss of sight, *continued headache*, with habitual costiveness; none of which were present with my patient before the coming on of actual convulsions.

Burns, in describing sympathetic headache from indigestion, uses these words:—“All headaches, however” (referring to that which usually precedes convulsions) “do not forebode these dismal events, for they often proceed from the stomach, and evidently depend on costiveness, dyspepsia, or nervous irritation. These are generally *periodical*, accompanied with a pale visage; they feel more external than the former, and are often confined to one side of the head. They are attended with acidity in the stomach, eructations, and sometimes with considerable giddiness, or slight sickness, with bitter taste in the mouth. They are relieved by the regular exhibition of laxatives, sleep, the moderate use of volatiles, and the application of ether externally.”

Thus we see a complete enumeration of the symptoms of my case, viz., periodical headache, pale visage, acid vomitings, &c., for which Burns would have prescribed volatiles, both internally and externally, followed by dangerous convulsions; and although I made a mistake which might have proved fatal to my patient, I learned a lesson, which while I practise medicine will not be forgotten.

#### REVIEW OF A LETTER ON HOMŒOPATHY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In the Journal of Oct. 8th, is a letter from an old physician on Homœopathy—giving his reasons for not believing in it—which is a good-natured, candid article, and a fair specimen of *anti-homœopathy*, and perhaps is a fair and conclusive argument in the minds of those who are ignorant of the real principles of the homœopathic school. The author acknowledges he has read very little on the subject, which is evident from the fact that in the first paragraph he exposes, as he imagines, three fundamental errors of homœopathy, not one of which is believed by the homœopathic school, or ever has been. He says, “when this system was first announced, with the strange assumption that most diseases proceed from the *itch*,” &c. I know of no one who believes that the Psora of Hahnemann is what is meant by the *itch*. It is true that he makes a majority of chronic diseases to arise from psora, but not more so than Lugol does from scrofula, or the British writers from tubercular disease, and they are nearly or quite identical. Again, “that all diseases were cured by medicines capable of producing the *same* disease in the

healthy body,"—a doctrine which it will be difficult to find in any homœopathic writer—and "that a millionth part of a grain of any ordinary medicine, divided and subdivided by some hocus pocus agitation, would produce a greater effect on the constitution than a full dose of the same." "He was struck with these absurdities," &c.; and who would not be? and this is the reason that the subject is dismissed as "the baseless fabric of a vision."

Now it is strange that any man, old or young, should make up his mind to receive or reject any doctrine of which he knows so little. It is not held that a fraction of a grain of medicine will produce more effect on the constitution than a whole grain—but there is a difference between an effect upon the *constitution*, and an effect upon the *disease*. Here is a point which our friend in his 85th year has probably never found time to consider, and it is a point where the two schools differ. The homœopaths hold that medicines may be so prepared that a small dose is more effectual in counteracting diseased action, than a large dose which does affect the *constitution* too sensibly *instead* of the disease. Examples are familiar to all, where a remedy becomes more efficient by minute division—mercury, for example. I am perfectly satisfied that one reason why such men as W. consider the subject all quackery, is because they found their conclusions upon assumed premises, such as have never been held to. It seems to be a great stumbling block to our professional brethren that disease should be eradicated without any other sensible effect upon the sound organs, and to do so must be quackery; but it seems to me, if this can be done, it is the more scientific, and the less the constitution is affected, provided the disease is eradicated, the better; and if medicine can be so attenuated as that the poison of the disease and the poison of the remedy shall by exact rubs be brought in contact and neutralize each other, and the *constitution* perceive nothing but a cessation of the symptoms, where is the harm, or "quackery, or transcendentalism, or Germanism?" Is not this the manner in which we wish to get the effect of opium in severe pain, and of other remedies also?

Homœopathy is accused of assuming the position of a science. Now the ordinary practice is admitted to be very imperfect, and susceptible of great improvement, and that to cure disease by it is very unpleasant both as to the taste and effect of the medicine on the constitution. But if medicine can be so used as to avoid this in a great degree, is it not scientific? But it is looked upon and believed because the power of steam and electro-magnetism, which were at first held as humbugs, have not blown to the winds—and for the very same reason that they are alike founded on a substantial basis—and not on such positions as are assumed by W. He says, "It is imaginary nervous and chronic complaints, which afford the most promising field for homœopathy." Begging his pardon, it is the reverse exactly, according to the testimony of all who know anything of the subject. Still the system of diet is allowed to be *excellent*, as well as the plan of simplifying remedies. Now the diet is no better than the rest of the practice—it is in exact accordance with the therapeutic means. W. says he is "told a few weeks are allotted for



any sensible effect." This may be necessary for a cure in some cases, it is true, as in other practice ; but there are cases where the effect of the medicine is as speedy as in any other method. I have repeatedly relieved severe and excruciating neuralgia of the face, assuming a form similar to mercurial salivation, in five to ten minutes, with homœopathic doses of mercury—which had resisted sul. morphine in 1-6 grain doses repeated to ultimate narcosis. I have relieved cystitis with infinitesimal doses of cantharides, more speedily than with any other remedy ; have arrested cough of three weeks standing in twelve hours, with 3 attenuation of *arsenic* where it was indicated. Cholera morbus is often speedily arrested by veratrine, and colic by colocynth, &c. ; but the case must be appropriate and the condition of the system such as to indicate the remedy. As to imagination, I prefer that the patient should have no knowledge of or confidence in homœopathy—even children and in an insensible state. From those patients who are full of faith, confidence and imagination, I can truly say, "good Lord deliver us." He goes on to speak of experience as fallacious ; if as much so as he contends, truly we are in a dilemma, and had better look for a surer method. That homœopathy is the more critical and exact practice of the two, is claimed ; but the idea that it is a mathematical exactness is not true, nor will it be, so long as we operate on the laws of vitality instead of mere physical principles.

The truth is, W. has entirely mistaken the fundamental principles of homœopathy as well as the practice, and this is the reason generally of so much prejudice. We hope W. may be permitted to watch the progress of the "new light," to see whether it is an "*ignis fatuus*" ; but it is hoped he will be able to distinguish between the doctrine and facts in homœopathy, and the visions and mysticisms which have been thrown around it.

Yours respectfully,

D. HOLT.

#### CONTAGION OF PUERPERAL FEVER.

[THE following remarks on a most important subject are from "Lectures on Puerperal Fevers," delivered by William Harris, M.D., of Philadelphia, to a medical class, and recently published by request of the class.]

*Is puerperal fever of a contagious nature?* This is a question of grave import and deep interest to medical science. Upon this subject my own mind is still unsettled ; but the facts, I am free to admit, preponderate on the affirmative side, and afford almost a demonstration that contagion ought to be regarded as one of the causes of this frightful malady.

Nearly all the obstetricians that have attended the lying-in hospitals, extensively, maintain that this fever has contagious powers. Professor Hamilton affirms that the infection is of so concentrated a nature that it may be communicated, like smallpox, through the medium of a third person ; and this opinion is embraced by many of the more modern writers. Dr. Campbell says that, after dissecting a woman that died of

puerperal fever, he went the same evening, without changing his clothes, to deliver a poor woman in the Canongate, who afterwards died of the same disease; in the same clothes he delivered another woman with forceps, who also died, and three others in succession shared the same fate. Dr. James Orr, after dissecting a female that died of the disease at Carron-Mills, for want of accommodation did not wash his hands carefully, and, without changing his clothes, attended two females in their confinement, both of whom were seized with the disease and died. "It is a disagreeable declaration for me to mention," says Dr. Gordon, of Aberdeen, "that I myself was the means of carrying the infection to a great number of women; and I have evident proofs that every person who had been with a patient in the puerperal fever became charged with an atmosphere of contagion, which was communicated to every pregnant woman who happened to come within its sphere." Dr. Gooch, after opening the body of a woman that died of puerperal fever, continued to wear the same clothes, and delivered a lady who was attacked by the same disease and died, and two others in rapid succession shared the same fate. Alarmed at the thought that perhaps he was carrying contagion in his clothes, he instantly exchanged them for others and met with no more cases.

A nurse in the country, says Moore, after washing the clothes of a person that died of puerperal fever, communicated the disease to the next person she nursed, and to a third, both of whom died; and the inhabitants of the place, becoming alarmed, ceased to employ her.

Dr. Blackmore, whose essay I have already quoted, contends that the disease "is contagious in each of its forms, *sthenic* and *putrid*." The epidemic, he says, commenced with the patients of a single accoucheur, and was confined exclusively to his practice for several weeks. He had eighteen cases in rapid succession, eight of which terminated fatally, while not a single case was heard of in the practice of any of the other accoucheurs. He communicated the disease to his first puerperal patient by conveying to her the infection of erysipelas, and afterwards carried the puerperal contagion in his clothes, from patient to patient. "A young sage-femme of La Maternité," observes M. Chailly, "who was not pregnant, died during the prevalence of a disastrous epidemic, presenting all the symptoms and all the anatomical characters of puerperal fever." A cat, upon the authority of Dr. Copeland, died, during the prevalence of an epidemic, in one of the wards of an ill-ventilated lying-in hospital, soon after she had kittens, with all the characteristics of puerperal fever. Dr. Spackman, who attends to a large obstetrical practice in the western part of this city, officiated as accoucheur to three patients, in rapid succession, in May last, all of whom died of puerperal fever; apprehensive that he was carrying contagion in his clothes from one patient to another, he immediately absented himself from the city for a period of three weeks, when he returned to his practice, and has had no case of fever since. Dr. Condie, of our city, a gentleman of great professional attainments, in speaking of the epidemic of 1842, as it occurred in Southwark and neighboring districts, says that "the disease

was exclusively confined to the circle of a single physician, extensively engaged in obstetrical practice, while no instance of the disease has occurred in the patients under the care of any other accoucheur practising in the same district; scarcely a female that has been delivered by this gentleman, for weeks past, has escaped an attack, and nearly every case of the disease terminated fatally." The distinguished accoucheur to whom Dr. Condie alludes in the above remarks, apprehensive that this desolating epidemic was propagated, not by atmospheric influence, but by personal communication, resolved to try the sanatory influence of country air, and accordingly left the city for a week, and, after the appropriate ablutions of his person, he exchanged every article of his old wearing apparel for new; but to his great mortification "the first case of parturition that he attended, after his return, was followed by an attack of the fever and terminated fatally." By this experiment the doctor satisfied himself that the disease was not transmitted by contagion conveyed in his person or clothes, but propagated by a distempered state of the atmosphere. From this conclusion, however, I beg leave to dissent. Either the time that the doctor absented himself from his professional duties was not sufficiently long, or he unintentionally retained some portion of his clothing which was still charged with contagion; because during his absence his patients were attended by other accoucheurs without a single case occurring—and as soon as he returns to the district the fatal malady returns with him. Besides, Dr. William Klapp, residing in the same district, attends patients in the same streets, and often in adjoining houses, officiated as accoucheur to about two hundred cases the same year (1842) without encountering a single case of the disease. The only puerperal patient, indeed, that Dr. Klapp has had, fell into his hands last spring, after she had undergone a *per vaginam* examination by the homœopathic doctor before alluded to, and by him abandoned on account of the fatality that attended his practice. This case terminated fatally in less than twenty-four hours after the attack. Dr. Klapp refused, after the death of this patient, to attend any more obstetric cases for three weeks, when he resumed his practice and has not had a puerperal patient since.

These facts are full of interest, and, in my judgment, would settle the question as to the contagious character of puerperal fever, were it not that many other accoucheurs, and, some in our own city, have dissected the bodies of females that died of the disease, and afterwards, without changing their clothes, have attended lying-in women repeatedly, without propagating the disease.

#### ON THE HYPOTHESIS OF ELECTRIC CURRENTS IN THE NERVES.

By M. Matteucci.

NEVER having been able, in our former experiments, to establish, by aid of the galvanometer, the existence of electric currents in the brain, the spinal cord, or in the nerves of the dog, the rabbit, and the frog, we

wished to make a new trial on an animal of large stature (*the horse*), hoping by this means to place ourselves in the most favorable condition for researches of this kind.

The galvanometer which we employed in these new experiments was constructed by Rumkorff, and was extremely sensible; the conducting wire, making two thousand five hundred convolutions, was furnished at each of its extremities with a *platinum plate*, fixed on an ivory handle, and so varnished as to leave only a square centimetre of its surface exposed. The needle made one oscillation in seventy seconds.

Before applying the two platinum plates to the nervous parts, they were immersed in spring-water for a very long time, and until the signs of the current, which are always observed at the first immersion, had completely disappeared.

These precautions having been taken, and the live horse having been thrown down upon a table, its sciatic nerve was insulated from the neighboring muscles (by means of varnished silk) for a length of thirty or forty centimetres (upwards of one foot), was carefully wiped, and left in communication with the cerebro-spinal axis.

After being well assured that the needle constantly remained at zero, although either one or the other of the platinum plates was removed from the water and alternately reimmersed, the plates were placed in contact, first with the surface of the sciatic, then, after the neurilema had been removed, with different points of this voluminous nerve.

The interval of deviation, namely, the distance comprised between the two plates, being at first 3 or 4 cent., the needle sometimes remained at zero, and at other times deviated several degrees, soon returning to zero. This interval having been suddenly extended to 15 cent., the deviation ought to have been notably increased, in the same direction, if electric currents existed in the nerves. There was nothing; or rather the needle did not deviate to a greater number of degrees than in the preceding case, and its deviation was still only momentary, or else was entirely wanting.

It is important to bear in mind that during the continuance of these experiments, in consequence of the pain which was voluntarily excited in the animal, its posterior train was the seat of energetic and repeated efforts, and that, consequently, the extremities of the galvanometer were put into communication with the sciatic nerve at the very moment when it was transmitting the exciting influence to the muscles of the thigh and leg.

If, by varying our trials, we have occasionally perceived a very sensible deviation of the needle, it is important to notice *that this deviation did not change in direction, although the contacts were inverted*; that, moreover, it so occurred every time that the nerve was touched *simultaneously* with the two plates of the galvanometer. At the moment when these plates were successively plunged into water deviations were also obtained, which did not differ from those that are observed on inserting the extremities of the instrument in the nerve itself.

Bearing in mind the extreme sensibility of our galvanometer, the favor-

able condition of the experiment, and the precautions which we have taken, we think we are authorized in concluding that there does not exist any trace of electric currents in the nerves of living animals appreciable by the instruments we at present possess. In addition we may add, that our previous researches had already conducted us to the same conclusion.—*Electrical Magazine.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 22, 1845.

*Surgery of Fractures.*—A communication on the treatment of fractures is commenced in the Journal to-day, which is worthy of the perusal of gentlemen in surgical practice. Dr. Townsend, one of the Surgeons of the Massachusetts General Hospital, has had a degree of experience that gives great value to whatever he may find it convenient to communicate to the medical public. As an operator, his carefulness, neatness, manual dexterity and success, have long been acknowledged by those who visit that institution for improvement.

*Cowardly Criticism—Homœopathy.*—By the merest accident imaginable, the writer of an abusive anonymous letter to the editor of this Journal, written on account of the publication of a late article by an old physician, on homœopathy, was detected. He is the last man we should have fixed upon to be guilty of such a mean, cowardly act. Notwithstanding his great love of homœopathic practice in medicine, he did not scruple, in his fancied security, to deal us out allopathic doses of insult, which should have been beneath the thoughts of one who ever presumed to be a gentleman. His very uncalled-for, and pointedly insulting note, to which he has affixed the signature of "Not an M.D.," will of course have no influence in making us otherwise than perfectly tolerant in this publication towards all medical practitioners, of personal respectability, who may write for its pages. Although familiar with the author's name and residence, it is not a subject of gratification to us, since it so lessens our estimate of one who must already be exceedingly ashamed of himself.

*Pectoral de Cerise, or Compound Cherry Pectoral.*—Mr. Jas. C. Ayer, of Lowell, a druggist of high respectability, has made a new preparation for popular use, which is considered an excellent remedy for ordinary coughs. Utterly as we are opposed to all secret compounds, under the inviting name of specifics for particular diseases, it comes within our province and gives us pleasure to speak with approbation of those who freely make known recipes of medicines intended for general employment, from whatever source they may emanate. Mr. Ayer informs us that his cough mixture is the following:—R. Morph. Acet., gr. iv.; tr. sang. can., 3 iij.; vin. antim. tart., vin. ipecac., aa 3 iij.; syr. prun. virg., 3 iij. M. The equivalent ultimate principles are here combined in their purity, says Mr.

Ayer, viz., morphine, sanguinerine, tart. ox. antim., emetine., hyd. cyan. acid., saccharum, spts. et aqua. The introduction of the acid is thought, by the proprietor, to constitute the peculiar merit of the medicine. Practitioners, if they choose; can make trial of the prescription in those affections which require active expectorants to subdue a troublesome and increasing cough. If found, on trial, to answer the purpose, and to be superior to ordinary mixtures resorted to in the early stages of lung complaints, there would be no impropriety, and certainly much convenience, in purchasing the article in the elegant form in which it is offered by Mr. Ayer.

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*Calisthenic Academy.*—Dr. Thayer, whose experience in conducting a calisthenic institution is well known in this community, has just commenced a new term at Boylston Hall. It is a great privilege to have access to such a variety of convenient and ingenious mechanical contrivances for developing the muscular system. Parents should avail themselves of the important benefits of this well-managed academy, and allow their children to sport and grow in the full enjoyment of its gymnastic exercises. Once a week is better than nothing; and all the little feebly-organized pale-faced misses, and gaunt, lank, white-faced boys, in the city, should be put under Dr. Thayer's guidance. The academy also holds out one of the surest remedies for shop-worn clerks, indolent students, and those literary appendages of society who only exercise the brain. The muscles were designed to be used—every one of them; and when nature's intentions are fulfilled to the letter, a broad chest, round limbs, an erect stature, good lungs, bright eyes, red cheeks, health and happiness, are pretty sure to follow.

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*Tabular View of Auscultation.*—From the second English edition of Dr. Bellingham's elaborately constructed scheme of the condition of the organs of the thorax, as developed by auscultation, the first American edition has been published, under the editorial supervision of that very accurate observer, Usher Parsons, M.D., of Providence, R. I. For those who are pursuing the class of investigations contemplated by the author, this chart must be of peculiar value, and it is therefore recommended to their special consideration. Copies are on sale, at a very reasonable price, at the Journal office.

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*New York Medical and Surgical Reporter.*—With this title, a new Journal, to be issued every other week, is to be published in New York, under the editorial care of Clarkson T. Collins, M.D., which is recommended to favor by medical gentlemen of that city. It is to consist principally of reports of clinical lectures, &c., at public institutions in New York. There are now three Medical Journals there, which should have all the encouragement the profession can bestow upon them. Without the constant influence of those who really wish for the advancement of the science of medicine and surgery, it is impossible to sustain a periodical exclusively devoted to these great interests.

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*Lying-in Hospitals of Europe.*—James Bryan, M.D., of Philadelphia, formerly professor of Surgery at Castleton, Vt., has presented to the



managers of the Preston Retreat, and to the Obstetrical Committee of the College of Physicians, an admirable historical sketch of the lying-in hospitals of Europe. It is a creditable affair, evincing a taste for research, and a habit of industry that, with a due degree of perseverance, invariably leads to distinction. We shall endeavor again to turn to the pamphlet.

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*Diseases of the Southern States.*—At the close of a recent letter to the editor, by Dr. P. H. Lewis, of Mobile, he incidentally introduced the appended remarks, which it strikes us are of much more value than might at first be apprehended. "If it is a matter of any interest, you will see some notes on our local diseases, in the January and March Nos. of the New Orleans Journal. They are disjointed, but the facts are sifted with much care. You will discover that I have endeavored to point out the difference not between yellow and bilious fever, but to show the absolute absurdity of classing it (yellow) with the phlegmasiæ. *Yellow fever* should have a new name and a new place in our nosological system. I see by the last New Orleans Journal, that Dr. Harrison holds views kindred to those to be drawn from the facts recorded by myself. The subject of our diseases here, is of deep interest to a few of us, and we are just beginning to investigate them in a proper spirit."

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*Portable Baths.*—A letter is lying before us from a gentleman who is desirous of knowing where the portable bathing apparatus, invented some years since by Dr. J. Wright Warren, of this city, may be purchased, &c. Unfortunately for the writer, who is evidently a man of intelligence, and whom we should be delighted to oblige by a speedy answer by mail, his letter, although post-paid, and asking an immediate answer, has neither date nor the address of the town in which it was written. We therefore take this method of informing him that none of these baths are to be had at present. All those which were on sale, were destroyed by fire, and none have been since manufactured.

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*Betel and Tobacco.*—All the ready money in the neighborhood of Oodooville, East Indies, where an American missionary is stationed, is realized from the sale of tobacco and betel leaves. About two millions of tobacco leaves are raised annually—of which fifty, in trade, are called a parcel; they cost not far from nine shillings, sterling, for a thousand leaves. An entire crop is assumed to be somewhere near four hundred and fifty pounds. Betel leaf sells from two to two and a half pence a hundred leaves. Areca nuts are also chewed. A mixture of betel and tobacco is in almost universal use for chewing, in that section of the world. To give the quid, is a mark of friendship and politeness, and, like all favorite stimulants, is thought to be good for everything, physical as well as moral. It is agreeable to the taste and the smell, beautifies the teeth, reddens the lips, sweetens the breath, gives warmth to the cold, and coolness to the warm; brightens the countenance, quenches thirst, soothes hunger, promotes digestion, cures paleness, rheumatism and jaundice. Every man is supposed to use half a farthing's worth of the delightful compound;

daily, or about a shilling's worth a month. It is also usual for ordinary consumers to smoke from once to twelve times a day.

It is stated by the Rev. Mr. Whittlesey, who has charge of a missionary school for females in Oodooville, India, that he has been troubled with the discovery that narcotics, betel and tobacco, are used by the young girls. He wholly forbid them—but what was his surprise, a few days after, on receiving a petition from some of the heathen misses, praying to be allowed to go to a retired place and smoke only “*once a day.*”

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*Puerperal Fever.*—The following is the conclusion of the Lectures on Puerperal Fevers, by Dr. Harris, of Philadelphia, referred to in another part of to-day's Journal.

“The investigation which I have given to this difficult subject, has led me to the following conclusions:

“1st. That puerperal fever is not a specific disease; that it appears under different forms, and assumes every variety of type, from the lowest congestive to the highest inflammatory; and that the physician who always assails this Protean malady with stimulants, will be as often disappointed in his expectations as he who is determined to subdue every case by the free use of the lancet.

“2d. That physicians have erred in supposing puerperal fever to exist only in the particular form of disease which they themselves have observed; and in assuming that the treatment which was most successful in one epidemic must be equally efficient in all. In other words, the great mistake has been in prescribing rather from the name of the disease than its symptoms.

“3d. That there is no medicine, with which the profession is acquainted, that exerts a specific action on any form of puerperal fever.

“4th. That the inflammatory type of the disease is the more mild and medicable, and will yield to early and copious bleeding, aided by other depletory measures.

“5th. That in the adynamic form of the disease, where early collapse precludes all antiphlogistic measures, the only judicious plan of treatment is to support the patient by light nutrition, tonics and stimulants, and trust to the *vis medicatrix nature*; as a critical abscess pointing outwards, or some other critical evacuation, may conduct the case to a favorable issue.

“6th. That pathological anatomy has afforded the profession but little assistance in investigating the character of the disease at a curable period; but has only exhibited the extent of its ravages when it had attained a height at which it must be fatal to life.

“7th. That close observation of the phenomena which the disease presents during life is of more importance to medical science, than inspecting the changes which are to be found after death.

“Beyond these conclusions I am not prepared to go. There are still some points connected with the character and treatment of puerperal fever, about which my mind is not satisfied, and when I revert to the little success that has attended the efforts of our profession to arrest its ravages, I am willing to acknowledge with Burns, ‘that I find it much easier to say what remedies have failed, than what have done good.’”

*Removal of a Drill-head from the Cavity of a Tooth by means of a Magnet.* By JOHN HARRIS.—Whether I have been more unfortunate than other dentists in having my drills too highly tempered, I cannot say; but, in consequence of this oversight, I have occasionally had them to break, while preparing the cavities in decayed teeth for filling, leaving the burr or head in the cavity; and in some instances, though it appeared quite loose, and upon the slightest touch would move about, its removal was attended with considerable inconvenience and loss of time, and sometimes the loss of more of the sound part of the tooth than would otherwise be necessary or desirable.

In preparing a small cavity in the grinding surface of a bicuspid of the lower jaw, for a lady, after having it nearly ready to fill, having removed the most of the diseased parts, my drill broke, leaving the burr at the bottom of the cavity; the walls of which were sound and very dense, and so close to the burr as not to admit of the passage of any small instrument between it and them, in order to remove it, and yet so loose as to be readily moved in any direction upon its axis. Not feeling desirous of adopting the usual course resorted to in such cases, that of removing enough of the adjacent sound tooth to pass a small instrument between it and the surrounding walls, considerable time was consumed in fruitless efforts to remove it. I accidentally recollected of having seen a small magnet the same morning at a druggist's store but a few doors from my room, which I immediately procured, and with which the burr was instantly removed.

Should the like accident happen with other dentists, I believe much labor, time and inconvenience will be saved by adopting the above plan for its removal.—*American Journal of Dental Science.*

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*St. Louis Hospital.*—We have before us the plan of an hospital which has already been commenced, as directed by our City Council. It is to be erected on an elevated ridge in the southern portion of the city—a situation combining many of the most essential requisites for such an institution. It is to be regretted, however, that the elevation of this site will render it impossible to furnish the hospital with water from the present water works. As an abundant supply of this element is of primary importance in an establishment of this character, we hope that some means may be devised to obviate this difficulty, and that the hospital may not only be provided with a sufficiency of this great desideratum, but also that it may be conducted into every ward and story of the building.

The main body of the hospital will have 206 feet 6 inches front, and 50 feet 6 inches depth; on each extremity of the building, there will be a wing measuring 97 feet 6 inches by 30 feet 6 inches, running back from the main building and forming right angles with it. In the basement there will be the superintendent's room, male and female servants' rooms, male and female refectory, kitchen, pantry, store-room, male and female bathing rooms, washing and ironing rooms, several furnace and fuel rooms, eight cells for male and four for female insane, dissecting rooms, male and female dead rooms.

In all the stories, the rooms of the main building are divided by a longitudinal passage. There is also a gallery around the inner walls of the

hospital. The privies are at the extremity of each wing. On the first floor, above the basement, we remark six male and three female wards, besides a lying-in-room; and also two wards for male and female children, and several nurse's rooms. The physician's office, the pharmacy, the porter, and linen rooms, are also on this floor.

On the second floor there are nine wards for males and four for females, besides a hall for prayer and lectures, and rooms for nurses.—*St. Louis Medical Journal*.

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*Graduated Wine Glasses.*—L. S. Reynolds, druggist, of this city, has received an article, new to us, entitled as above, which we think the profession would do well to recommend for families to provide themselves with. It is a wine glass of large size, graduated to administer tea-spoonful and table-spoonful doses of liquid medicines in the exact quantity intended to be expressed by these conventional terms of measure. Owing to variations of capacity in the table and tea spoons in common use, the quantities which these terms denote are very inexact, which, in several points of view, is an evil of not a little consequence. The introduction of these graduated glasses will establish an uniformity and precision in the administration of medicines which are very desirable.—*Buffalo Med. Journal*.

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*Medical Miscellany.*—A Mr. Geo. Long, of Quincy, Mass., recently lost his life by skinning an ox that had died. A small scratch on one finger imbibed the fatal poison.—Dr. S. J. W. Tabor, of Massachusetts, and Dr. Thomas C. Shreve, of Ohio, are candidates for State Senators.—Of the several candidates who were examined before the army medical board, lately in session at New York, the following named gentlemen were approved and recommended for appointment in the medical staff of the army, viz., John Frazier Head, M.D., of Massachusetts; Lewis A. Edwards, M.D., of the District of Columbia.—The smallpox exists to considerable extent in Baltimore, and also in many other cities on the Atlantic border.—Dr. Holmes, editor of the *Maine Farmer*; Dr. Lee, editor of the *Genessee, N. Y., Farmer*; Dr. Darlington, West Chester, Pa.; Dr. Houghton, Detroit; and Dr. Mews, Cambridge, Md., have been elected corresponding members of the Farmer's, Gardener's, and Silk Grower's Convention, New York.—A patent is said to have been taken out by a gentleman in Troy, N. Y., for converting animal matter into stone.—Dr. McMinn, of Tuscaloosa, Alabama, in the *Western Lancet*; and Dr. John Harris, of Annapolis, Md., in the *Journal of Dental Science*, refer to cases of hare-lip in the negro which have come under their observation. Most of the cases seem to be severe ones.

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MARRIED,—Elijah Baldwin, M.D., of Plainfield, Con., to Miss S. H. Mathewson.

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DIED,—In De Soto Co., Mi., Dr. Moody Hall, a native of Massachusetts.

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Number of deaths in Boston, for the week ending Oct. 18, 35.—Males, 17; Females, 18. Stillborn, 6. Of consumption, 9—old age, 1—disease of the liver, 1—brain disease, 2—croup, 2—infantile, 3—dropsy on the brain, 1—disease of the heart, 2—typhus fever, 2—pleurisy, 1—measles, 1—dysentery, 1—canker, 3—hooping cough, 1—convulsions, 2—accidental, 1—disease of the bowels, 1—drowned, 1. Under 5 years, 18—between 5 and 20 years, 1—between 20 and 60 years, 14—over 60 years, 2.

*Case of Suppuration of the Colon, excited by the Presence of a River Pebble.* Read to the Medical Society of Tennessee, May, 1845. By J. IRWIN, M.D.—Miss A. M., aged 16 years, of plethoric habit, was attacked with severe pain in her right side in February, 1842. When I saw her, I found her with a soft and regular pulse, skin natural, tongue clean, and feet cold. In this attack she was confined to bed for two months; the treatment consisted in cupping, leeching, blistering, and fomentations, with purgatives, and the usual remedies, but all afforded no relief. Nothing gave her any relief except morphia; while the system was kept under its influence she complained of no pain, although there still remained great soreness of the side, and this was so great that when she was able to go about the house, she could not bear her clothes to be fastened on her.

In the winter of 1843, she had a similar attack, which I treated with anodynes alone, and she was soon able to be about again, although she still complained of the tenderness of the side. I proposed a seton, but she objected so much that I declined trying it. During the ensuing fall she suffered severely for five or six days with violent acute pain in the same region as formerly, which was relieved as before by morphia, but the soreness still remained. In the following March she was again attacked with acute pain of a throbbing character; her skin and tongue, however, were natural; her pulse soft and regular; bowels costive. I gave her a dose of aloes, rhubarb and scammony, which operated four times freely, and in one of the discharges there passed from the patient a lump about the size of a nutmeg, which on examination by her mother proved to contain a small irregular pebble, such as is found in rivers and creeks. From this time forward she recovered rapidly, the soreness in her side declined, and she felt nothing of it for six or seven months, when in attempting to learn to weave she strained herself, and was again taken with violent throbbing pain at the same point, which continued for seven or eight days, the side being swollen and very tender on pressure; her stomach became irritable, and in attempting to vomit, she said she felt something break inside, and could feel a fluid run. A few hours after this occurred she had a discharge from the bowels, which consisted chiefly of pure, well-digested pus. The quantity was considerable, and the discharge continued for seven or eight days, when it ceased altogether, and since that time the patient has enjoyed good health and has never complained of her side.

The account given to me by her mother of the introduction of the pebble into her stomach was, that when a child, 7 or 8 years of age, she was in the habit of playing with pebbles from the river, frequently going to sleep with them in her mouth; in this way, it is supposed, one was accidentally swallowed, and lodging in a fold of the colon remained there for seven or eight years, giving rise to the train of symptoms described.—*Western Journal of Medicine and Surgery.*

*The Urine of the Cow as a Remedy.*—In a paper of M. Boussingault, is a fact which, he observes, will surprise chemists and physiologists; it is, that "the urine of herbivorous animals contains bicarbonate of potass, and not, as is generally believed, subcarbonate. With the urea and hippuric acid this urine curiously resembles an alkaline mineral water. It might be employed to dissolve uric acid calculi. I speak more seriously than you will be disposed to believe, when I say that I should have more confidence in the urine of one of my cows than an alkaline solution prepared by many celebrated chemists."

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## DR. TOWNSEND'S CASES OF FRACTURES IN THE MASSACHUSETTS GENERAL HOSPITAL.

[Continued from p. 232.]

CASE IV.—July 5th. A. G. D., æt. 37. Patient was riding in the country in an open carriage, which, on turning a corner, struck against a post and upset; the horses at this, took fright and ran down a hill. Patient was found a short distance from where the accident took place, insensible. His wounds were immediately dressed, after which he was brought, some three miles, to the Hospital.

On examination, find a compound and comminuted fracture of lower part of left humerus just above the elbow-joint; a small opening nearly two inches long extending to inner condyle, and another smaller opening in the skin higher up, on the outside of the arm. The parts in the vicinity are considerably bruised and swollen. Also a fracture of lower part of left tibia and fibula, just above the ankle joint, but not involving it; the foot is inverted.

The wound in arm being covered with lint soaked in the blood, bandages and splints were applied to both arm and leg.

6th.—Took last night tr. opii, gtts. lx., with some relief to pain and watchfulness. Apply extension to leg. This was done by an apparatus used in the house for this purpose, made by Dr. Livingston Roe, White Plains, N. Y. It is on the Amesbury principle of the double inclined plane. The thigh is bandaged to the upper portion, and extension is produced by strapping the foot to the foot-piece, which slides up and down in a groove by means of an iron screw.

Leave splints on arm, put it in a slightly flexed position, and place it on a pillow.

Keep arm and leg constantly wet with—Alc. dilut., ℥ iv.; tr. opii, ℥ j. M. R. Liq. ammon. acet., ℥ ss.; tr. camph. opiat., ℥ j. M.

7th.—Suffered but little pain yesterday; slept pretty well. Rather feverish this morning. Pulse 100. R. Sulph. magnes., ℥ ss.

8th.—Medicine not operating, was followed by an enema in afternoon, since when patient has been more comfortable; less thirst and heat of skin. Pulse 82. Rice for dinner.

12th.—Apply along outside of leg, in addition to present instrument, a long splint with a foot-piece attached, similar to the apparatus employed in club-foot, in order to obviate the tendency of the foot to turn in.



14th.—Swelling of arm and leg nearly all subsided. May have chicken-broth.

17th.—Has suffered since accident from costiveness. R. Pulv. aloë, gr. i.; pulv. rhei, gr. ij.; saponis, gr. iss. M. Ft. pil. every night.

20th.—Scarcely any discharge from wounds. Appetite good.

23th.—Wound on under side of arm quite superficial, and about the size of a fourpence.

Aug. 4th.—Wound on arm cicatrized. Apply a starch bandage to leg.

14th.—Bandage removed; union of bones quite strong. Can bring arm nearly to a straight line; flexion and rotation good.

19th.—Walks with ease. Discharged well.

This patient, by his own report, never drank a glass of anything that will intoxicate in his life, and to his strict temperance he no doubt owes his recovery unmutated, after such serious injuries.

CASE V.—July 8th. E. W., æt. 23. Patient reports that right leg was caught and forced against a stone door step by the tail of a truck, about one hour before admission.

On examination, find a comminuted fracture of lower third of right tibia, in width about three inches, extending obliquely towards inner ankle; in front of leg, a small opening, just large enough to admit a probe, passes down to the bone; some oozing of blood from this wound. Two or three inches above this, is a simple fracture of the fibula. No shortening, and but little distortion of limb.

Cover wound with lint and sticking plaster. The leg was then placed on a pillow, and two pieces of wood, twenty-four inches long, two wide, and extending three inches below the foot, were placed on the outside of the pillow, and the whole tied tightly round with four pieces of tape. Long compresses wet with diluted alcohol were placed along the top of the limb, and frequently changed. This was intended merely as a temporary arrangement, but was found to answer the purpose so well, there being no shortening requiring extension, that it was kept on for a month, and only changed for a starch bandage.

13th.—Some little pain in fracture. Swelling of limb continues. Apply a many-tailed bandage, and again place limb in the pillow and outside splints.

18th.—Patient was attacked last night with rheumatism in the shoulders, to which he has always been subject; he was treated for this in the usual way, till Aug. 6th, by which time he was relieved. No change was made in the treatment of the leg, which continued quite comfortable, the small wound having healed soon after entrance, without any discharge of pus.

Aug. 6th.—On examination of limb find fibula united, and but slight motion in tibia. Apply a starch bandage from foot to knee.

12th.—Walks about ward very well with a crutch.

18th.—Bandage removed yesterday. Bones quite firm. Leg straight, smooth, and of same length with uninjured one. Discharged well.

CASE VI.—July 19th. J. M. S., æt. 25. Patient was riding in a

waggon too heavily laden on one side, when it suddenly turned over, and a butter-firkin struck him on the foot, turning it inwards. Was unable to bear any weight upon it, and experienced great pain, with swelling of ankle in a few moments.

On examination, find scarcely any deformity or displacement about foot or ankle. Tibia perfect. End of fibula fractured through malleolus. Crepitus very distinct. Some tenderness on motion. Place leg on a pillow, and apply frequently compresses wet with diluted alcohol.

20th.—Slept pretty well: this morning ankle much swollen. No dejection. R. Magnes. sulph.,  $\mathfrak{z}$  vj.

21st.—But little pain; swelling less. Cathartic operated. Omit diluted alcohol. Apply Mur. ammon.,  $\mathfrak{z}$  j.; aceti.,  $\mathfrak{z}$  iv.; alc. dilut.,  $\mathfrak{z}$  viij. M.

26th.—Foot keeps in very good position on pillow; no pain or tenderness.

28th.—Swelling diminishing. Apply leg splint with foot-piece.

August 8th.—Leg straight, of good length, and quite strong. Walks with ease. Discharged well.

CASE VII.—July 20. Mrs. M. McC., æt. 45. Patient slipped and fell down a flight of stairs, striking first on one side and then on the other; was in great pain and unable to move limbs at all, the slightest motion causing intense suffering.

On examination, find great swelling of middle of right thigh, also around the trochanter. Crepitus distinct. Limb shortened about two inches, and foot everted, but can be easily extended and retained in proper position. The swelling of the thigh presents the usual appearance consequent on fracture of the shaft of the bone; the trochanter, however, moves freely with the body of the bone upon rotation, and the fracture, therefore, must be within the trochanter. Left shoulder much swollen. The acromion, coracoid process and scapula sound. On the inner side of the coracoid process is a prominence, on the outside of which is a fulness and tension along deltoid muscle. Motions of arm free but exceedingly painful; whole of humerus seems to move together, but by pressing on the head of the bone and moving lower part of shaft, a distinct crepitus is obtained, as if there was an oblique fracture of the neck. Fore-arm to be at right angle with arm. Apply compresses wet with alc. dilut. to thigh and shoulder.

23d.—Swelling and heat of thigh much less. Complains of pain on pressure over trochanter, or in groin. Shoulder looks better; the prominence about coracoid process somewhat diminished. Apply to thigh the apparatus before described (Dessault's modified). Simple splint for arm to rest on.

29th.—Swelling and soreness of thigh nearly gone; retains its length without much extension. Arm in good position, and not painful.

August 10th.—Removed splint from leg.

15th.—Can bend knee a little; has some pain in groin on motion; can raise arm pretty well.

30th.—Is able to go about with crutches. Can raise the hand to head easily. Discharged well.

CASE VIII.—July 7th. Mrs. H. H., æt. 23.—Patient, who is a person of intemperate habits, threw herself from the cupola of a two story house on to the pavement, with the intention of committing suicide.

On examination, find an oblique fracture of left femur at upper third, attended with great swelling; also a fracture directly across patella, with a puffy state of the joint, as if from the effusion of blood; also a small cut on the head between the eyes. The foot is turned inwards, and the whole limb is shortened six inches. Apply Dessault's modified splint.

8th.—Slept pretty well last night, and is quite comfortable this morning. Pulse 92. Some appearance of inflammation about patella. Four leeches around patella.

10th.—Comfortable this morning, except knee which is swollen and painful. Apply to knee, compresses wet with diluted alcohol. R. Elix. opii, gtt. xxv. to-night.

13th.—Knee quite painful this morning. Four leeches around patella.

14th.—Knee easier to-day since leeches.

Aug. 1st.—Limb keeps in good position. Suffers no pain in knee.

9th.—Knee was slightly bent to-day, giving much pain. Passive motion daily.

12th.—Good union of femur. Knee continues rather stiff. Remove splint.

13th.—By measurement limbs are of the same length.

18th.—On bending knee this morning some adhesions gave way, producing considerable pain for a time. Apply tr. saponis et opii to knee frequently.

22d.—Motion of knee improving. May use crutches.

Sept. 17th.—Leg improves in strength, and knee in motion, daily.

20th.—Walks about room without crutches.

25th.—Limb of equal length with the other. Discharged well.

CASE IX.—August 17. A. V. T., æt. 17. Patient was on board of a steamboat which was approaching a wharf, and had just thrown out a rope to be fastened to a post, when his leg became entangled in the coil and was drawn up against the side of the boat.

On examination, find left leg swollen and very tense, quite tender where the rope passed, which is indicated by a band of bruised skin, two inches wide, extending from about four inches above internal malleolus, obliquely downwards and across to internal malleolus. The mark of the rope indicates the direction of the fracture. No crepitus can be detected, on account of the swelling. No shortening or displacement. Place leg on a pillow.

18th.—Quite comfortable this morning. Swelling as yesterday. R. Sulph. magnesiae, 3 vi.

19th.—Some discharge from bruise. Dress wound with simple cerate. Apply to limb compresses wet with mur. ammon., 3 i.; aceti, 3 jv.; alc. dilut., 3 viij. M.

24th.—Swelling considerably diminished. Crepitus detected in tibia. Discharge from wound free. Apply a splint to the calf of leg.

30th.—Discharge diminishing; but wound not clean. Poultice to wound.

Sept. 5th.—Wound improved in appearance. Omit poultice. Re-apply cerate.

12th.—Ulceration much contracted. Union of bone tolerably firm.

25th.—Continues to improve daily. Is able to walk about some with crutches.

Patient being desirous to return to New York, was discharged, although the union of bone was not strong enough to enable him to bear any considerable weight on limb.

[To be continued.]

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#### MEMOIR OF THE LATE PLACIDO PORTAL, M.D., OF PALERMO, SICILY.

[MENTION was made, some months since, of the reception of the following biographical sketch, from a foreign correspondent. Through the kindness of Luther Clark, M.D., of this city, we are now enabled to publish a translation of the memoir, from the Italian manuscript.]

I enter upon the task of writing a memoir of Placido Portal, a profound explorer of the secrets of nature, who attained to a great and merited fame in spite of the snares which beset him in the difficult path of science, in spite of the obloquy and calumny with which his enemies strove to thwart his course. Snatched away from his country, from friends, from the science which he professed, by a sudden death, it is meet to render him the praises which are his due. The loftiest fabrics may fall, and others may soon rise upon their ruins to replace them; but not so easily is filled the void made by the loss of one great in intellect and great in heart. It is just and right, therefore, to lament his death, and that to posterity should be transmitted the memory of a life spent wholly for the good of science, of suffering humanity, and of studious youth.

Placido Portal, son of Antonio Portal, Doctor of Medicine and Surgery, and of Maria Sangiorgio, was born at Biancavilla, a delightful village on the side of Mount Etna, in the year 1793. Belonging to a wealthy and genteel family, he, like the other brothers, pursued the study of letters and the sciences. In 1807 he was sent by his father to Catania, and under the direction of Professors Joseph Rizzo, Sebastian Bianchi, and Maravigna, he not only distinguished himself in his studies, but at their instigation he wrote, while still a youth, a thesis upon the compressibility of water, and obtained for it an unanimous vote of favor besides a prize consisting of scientific books. Subsequently he not only perfected himself in the study of chemistry, and of medicine and surgery, but also under the illustrious Cav. Francisco Ferrara, in that of experimental physics and in natural history, to such a degree that he became the assistant and collaborator of his master.

In 1813 he returned to his country, and while searching for plants, discovered near Biancavilla, upon a hill called Calvary, a quantity of specular oxide of iron. In July of the same year appeared the first scientific production of young Portal, in a memoir which revealed in him an able chemist, botanist and mineralogist; and elicited much praise from

the scientific journals, from the learned Sicilians, Scina, Ferrara and others, and finally from Berzelius and other learned foreigners.

In September of the same year he went to Palermo, and remained there till 1816, practising medicine, and obtaining a great reputation by his happy cures and by his successful surgical operations.

The affairs of the continent having become settled, he went to Naples, where he was near to the most celebrated men of the time. The Lieutenant General Fardella, making a just estimate of his merits, procured for him the friendship of Cav. Paul Assalini, of Savaresi, Santoro, and others, who encouraged him in his various labors. Thus he published in 1818 a letter upon the new obstetrical instruments of Cav. Assalini, with an addition of the researches of the same Assalini upon an artificial pupil.

In 1819 he published further works, upon the method of tying arteries in case of hemorrhage, and upon the anatomy of the brain; also a translation from the French of a memoir upon the sickness and death of the Baroness de Staël, and a memoir upon aneurism of the heart, by Antonio Portal, which he illustrated by his own notes; obtaining thereby an honorable letter from that great man, his name-sake, who was then living.

In February, 1820, he went to Pavia, and in that city published a memoir entitled "*Reflections upon a singular Petechial Eruption*," and receiving the encomiums of the learned men of that place, was chosen a member of their scientific academy. This memoir, enriched with notes and additions, was reprinted by the author, and Counsellor Joseph Frank, of Wilna, sent him by letter the highest eulogiums upon it. After having in like manner visited Bologna, Pisa and Florence, and being entertained several months with Vacca Berlingieri, he proceeded to France, whither Portal invited him. He was at Marseilles with Cardieri, at Montpellier with Delpech, who gave him a copy of his work upon distortions of the feet. At Paris the famous Anthony Portal introduced him to the acquaintance of all the learned in that vast capital, and gave him as a memento a work upon Hydropsy, perhaps the last which was written by that eminent man.

In 1822 he returned to Naples, and by concours obtained the post of third surgeon of the royal army. Soon after the place of third surgeon being vacant in the Hospital of Francisco Saverio, at Palermo, Portal was directed to that establishment.

In 1823 the Austrian troops stationed in Palermo being attacked by lues venerea complicated with herpes, Portal was by order of General Billamberk, then commanding the Austrian armies in Sicily, charged with the care of those affected, the appointment receiving unanimous approbation and applause. A temporary hospital was established at Spasimo, and thousands of these soldiers were subjected to the curative method of Portal, and from day to day the cured went away from the establishment, blessing the hand that healed them. Nor did Portal stop here; but he extended his care to the convalescents by pointing out to Government the necessity, and proposing for the extirpation of the disease, the warm baths of Termini. The requisite orders being given, he was the first to

betake himself into the ancient Imera, and he there applied with advantage those waters, not only for baths, but also for internal use.

But while the present time was perhaps the happiest of his life by the success of his arduous labors, an unexpected order came from Palermo, commanding his arrest. His innocence, however, being established, and the accusation proved false, he was set at liberty, after a month, in July of the same year, 1823.

Nothing disheartened by his misfortune, in the following year he published an exposition of his labors, with a memoir entitled "*Suggestions respecting the Warm Mineral Baths of Termini.*"

In 1824 he was elected substitute to the chair of Surgery and to that of Anatomy in the University of Palermo. The hospital for the insane being organized in this year, Portal was selected by the chief surgeon to organize the house, then under the direction of the excellent Baron Pisani. By him was there established the new statistical system; by him was made to that good director the proposal of new regulations for the insane; by him were pointed out the methods, the medicines, the machines, the dresses for restraint, and so forth. I have myself been witness how in visiting these unfortunates, until then the victims of the lash and the chain, Portal mingled with them, spoke with them familiarly, settled their disputes, listened to their complaints and demands, and to some even administered food with his own hand.

Towards the end of the same year an ophthalmic-blenorrhœa, complicated with other diseases, appeared among the Neapolitan troops. At the suggestion of Professor Quadri, Portal was selected by the Government for Professor at the hospital of Zisa in Palermo. Portal then, without murmur or weariness, divided his time between Signor Francisco Saverio, the hospital of the insane, and Zisa: his unceasing activity, his methods and his operations, which were eminently successful for the patients, obtained for him distinguished praise from the Government, he being appointed to the only military ophthalmic hospital. The memoir which he published upon the observations then made, and upon his methods of cure, received the highest encomiums from not a few schools, from Baron Villards, Chief Surgeon to the Ophthalmic Dispensary in Paris, in the *Journal des Connaissances Medicales Pratiques et de Pharmacologie* (Vol. III., 1825, 1826), from the editor of the *Boston Medical and Surgical Journal* (Vol. XV., No. 5), and from others.

In 1837, Portal, in cutting into a perineal abscess in the person of Signor Francisco Syracuse, of Palermo, came upon a stone of very large size; and he gave in a memoir the history of this case, displaying so much skill as to elicit the commendations of his most learned cotemporaries.

It would occupy too much space were I to enumerate all the memoirs relating to medicine, surgery, zoology, mineralogy, chemistry, and other subjects, which Portal gave to the world. But his surgical clinics and his medico-chirurgical memoirs, collected into a large volume at the instigation of Petrunti, are sufficient to make him justly regarded by the learned as one of the most eminent physicians of Sicily.

When his Royal Highness the Count of Syracuse took the govern-



ment of Sicily as the King's lieutenant, Portal was appointed his private physician. There being formed of the ancient halbardiers a foot company of body-guards, Portal was elected physician to those of Sicily. He was moreover not only chief surgeon of the civil hospital of Palermo, but also of many other benevolent institutions founded in that city. Ever ready to assist the poor patients in those establishments, he with kindness and a bright countenance encouraged the unhappy victims of disease, and with a benignant hand mitigated their sufferings, improving both the methods and instruments in order to facilitate and render less painful the surgical operations. All his ingenuity, all his knowledge, everything he expended for the benefit of mankind. I have myself seen him comparing his own observations with those of other eminent men, and sparing no cost in preparing them for the public eye.

Receiving from foreign countries great numbers of books and instruments, he promptly introduced them to the notice of the studious youth. A professor of surgery being wanted in the University of Palermo, Portal occupied that place and the chair of obstetrics. A surgical clinic was opened by Portal in the civil hospital; and in the evening at his own house to a numerous class of young men he explained the symptoms observed in the various patients at the hospital, and each one was with synoptical tables expounded by the students and corrected by the professor. All was thus made clear, and the learners were thus accustomed to act as professors.

Many academies had Portal for a member, as one who had labored much for the progress of the sciences. The King of France, to whom he had offered a large volume containing some of his medico-chirurgical works, sent him a beautiful gold medal in 1842; and the Emperor of Austria nominated him a chevalier of the order of civil merit.

Everything appeared to smile upon Portal's path, when envy commenced anew to raise a storm against him, which gathered unexpectedly, so dark were the means which his enemies employed.

In the terrible period of the Asiatic cholera, which in June and July of 1837 desolated Sicily, and especially the fair Palermo, Portal regarding nothing, fearing nothing, was ever present, assisting and administering medicines to the sufferers; physician, surgeon, sanitary deputy, counsellor, in all capacities Portal was seen acting in this terrible emergency. But in vain, even after this fearful storm, did Portal hope to find a calm. The honors with which he was crowned, as well as his superior wisdom, aroused more fearfully against him his envious opponents, who sighed for his ruin; and at the time when a palm of gratitude was apparently his due for his devoted labors, calumny was doing its utmost to injure him.

On the first of October, 1843, Portal died, far from the city which had cradled him, far from the one which had adopted him, unattended by his wife, by friends, or acquaintances. He died in the city of Vittoria, falling a victim to a bilious gastric fever with implication of the brain. Poor friend! after the early years of your life passed so laboriously, that such misfortunes should have been in store for you! Nor at death

was there one to shed over you the tears of pity, to comfort your last hours, or to close your eyes ! So little, alas, is this deceitful world a home for the great !

[The following is the epitaph over the grave of Portal.]

Cineribus et memorie PLACIDO PORTAL  
 Qui Albe-Ville natus  
 In Panormitana Studiorum Universitate  
 Artem chirurgicam professus  
 Tanta excelluit vel sapientia vel industria  
 Ut a potentissimis regibus  
 Muneribus honoribusq sit decoratus  
 Suiq desiderium exteris gentibus  
 Patrie amicis discipulisq  
 Quos miro amore dilexit reliquerit  
 Uxor merentissima  
 Baronis Josephi Taconi cura  
 P.

Vixit annos LI. menses XI. dies XXV.  
 Obiit Victorie Kal. Octobris An. MDCCCXLIII.

[The letter which follows accompanied the gold medal from the King of France, alluded to in the preceding memoir.]

*Cabinet du Roi.*

*Aux Tuileries, le 18 Mars, 1842.*

MONSIEUR,—Le Roi a agréé l'hommage du volume qui contient vos œuvres chirurgicales, et a vu avec intérêt qu'à Palermo, comme en France, le nom de Portal a été heureux pour la science.

Vous desirez, Monsieur, que vos honorables travaux, ainsi mis au grand jour vous passent obtenir la décoration de la Légion d'honneur. Permettez moi de replacer vos démarches dans la seule voie qui quisse vous conduire au succès, en vous prevenant que cette distinction n'est conférée à des étrangers que par l'intermediare et sur la proposition de M. le Ministre des Affaires Etrangères. Mais la medaille que j'ai l'honneur de vous envoyer, de la part du Roi, vous dira, Monsieur, que Sa Majesté, sensible à votre attention, s'est plu à y répondre par un temoignage personnel de sa bienviellante satisfaction.

Agréez, Monsieur, l'assurance de ma considération très distinguée.

Le Secrétaire du Cabinet particulier,

*M. le Docteur Placido Portal, à Palermo.*

CAMILLE FAIRY.

#### LEGALIZED VACCINATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It is now generally acknowledged that vaccination with kinexox is a great protection from smallpox ; yet it is surprising how many there are unprotected in the surrounding country towns. In the great majority of families having children, may be found a greater or less number of this

class. These families omit from carelessness, more than from anything else, to have vaccination performed, and it is generally only brought about by imminent danger and great excitement from smallpox. From inquiries made on this subject, I should judge that more than one fifth part of all the inhabitants of towns in the vicinity of Boston have never had the benefit of vaccination, and these are principally children and youth. This would not hold true, probably, with the population of Boston, the regulations of the city being such as to require all children to be vaccinated before they can enter any of the public schools.

It is highly important, in my opinion, that every child should be vaccinated as soon as his age and health will allow; so that not only the child itself should be protected, but the community preserved from any bad effects of smallpox should it accidentally get among them. Considering the rapid and free movements from place to place, of the inhabitants of our own country, like the circulation of a giant's blood, and the great and increasing emigration of foreigners among us, would it not be well to have some legalized system which would secure the protection of all, without its being thought repugnant to democratic institutions.

The old maxim, so little lived up to generally, that an ounce of prevention is worth more than a pound of cure, is nevertheless true, and ought to be adopted in this case. The prejudices against vaccination are so few at the present period, that there would be found no difficulty, I apprehend, in carrying out a system of legislation which should require that *all* should be vaccinated under proper and judicious circumstances.

It is not my object to point out any mode of legislation by which this should be accomplished, but merely to call attention to the subject.

Your most ob't,

JOHN CLOUGH.

*No. 9 Winter St., Boston.*

#### SPINA BIFIDA.

[Communicated for the Boston Medical and Surgical Journal.]

LAST week a lady was delivered of a female foetus, of seven months, in which the posterior portion of all the vertebræ, from the seventh dorsal to the sacrum, was wanting. The spinal cord was floating in a fluid contained within a perfectly transparent sac of two and a half inches diameter transversely, and four and a half inches nearly in the median line, of an elliptic form. The foetus was born alive, but died within ten minutes after birth. Upon touching the spinal cord, through the sac, with the finger, after an interval of an hour, there were violent convulsive movements of the superior and inferior extremities. The experiment was repeated at short intervals, five or six times. Two hours after, no such effects could be produced by the same means. The only other external peculiarities in the case were remarkably small lower extremities, though enlarged by anasarcaous swelling. Two of the toes were anomalous, and the thumb of the right hand. The head very large.

*Internal appearances.*—Upon opening the cavity of the abdomen, nothing presented but the urinary bladder, which was large, surrounded by anomalous lobes of the liver which was of immense size. The gall-bladder filled with air. The stomach and intestines filled the left half of the thorax. The cæcum and right portion of the colon unattached at its usual points; the transverse and left portions were attached to the vertebræ within the thorax in part. The right portion of the diaphragm was natural. The left presented about one third of the anterior portion only, thus rendering the cavity of the thorax and abdomen continuous. The left lung was atrophied and would not admit of the passage of air through its bronchial branches; in appearance it resembled the liver. The spleen was wanting. The kidneys were large, without the capsules, and were found in the iliac fossæ, low down. Uterus well developed, with its appendages, and of the natural size.

*Boston, October, 1845.*

#### PROTRACTED GESTATION.

[THE following case is reported in the last No. of the American Journal of Medical Sciences, by Dr. Aristide Rodrigue. The possibility of pregnancy during so long a period seems to have been decided in this case on very little medical testimony. This deficiency, however, would appear to have been made up, in the estimation of the jury, by the very doubtful statements of two of their number.]

*Commonwealth vs. Jeremiah Wilson Porter; Indictment for Fornication and Bastardy. January Term, 1844; for Cambria County, Pa.* Defendant pleaded “not guilty.”

The ground on which the defence rested was “protracted gestation,” the term extending to 317 days, from Sept. 24th to Aug. 7th. The following testimony was produced.

*Margaret Shoup, sworn.*—I am a single woman; I am 23 years of age; I am the mother of a female child; it was born the 7th of August, 1843; Jeremiah Wilson Porter is its father; the child is living. It was begotten on the night of the 24th of September . . . . he had connection with me more than once, not more than twice, that night; it was three or four weeks after the connection that I knew I was pregnant. I had connection with no other man after that—I never had connection with any man before that; I was in bad health; my courses stopped about three weeks after the connection; *they appeared again* about five weeks before the child was born—they did not appear before that; lasted two days—there was not the usual quantity; about this time, five weeks before the birth of the child, I was very sick; had pains which continued for a long time; I had the pains frequently after this up to the birth of the child.

*Catharine Shoup, sworn.*—My sister was sick from the 19th January, 1843, till the birth of her child. Dr. Phytian said she had liver complaint; she quit taking medicine the last of June.

*Dr. Rodrigue*, affirmed.—Have been in practice since I graduated, nineteen years since; have attended several hundred cases of midwifery; in my own practice the longest period was upwards of ten months; have frequently met with cases of protracted gestation beyond the ninth month; it is considered no uncommon occurrence. I have met with several cases (a few weeks, two weeks). I take the pains spoken of to be an attempt at labor.

Cases of protracted gestation are met with in young women; can't say whether they are more numerous after the first birth. The ordinary is from 270 to 280 days; the birth of the child will occur in or about nine calendar months.

No testimony was produced by the defendant except to prove his absence shortly after he had connection with the girl, and that he did not return until after the birth of the child. He was counselled not to compromise with the female, as the extended term would clear him.

No evidence was produced to impeach the character or conduct of the female; but, on the contrary, she invariably bore a good reputation, and it was also proved that under promises of marriage the plaintiff had yielded to the desires of the defendant.

The court charged the jury strongly in favor of the medical testimony concerning protracted gestation, and the jury, after retiring for a short time, brought in a verdict of "guilty" against the defendant.

There was a circumstance which tended strongly to dispose the jury to admit the case of protracted gestation; among their number were two married men, who stated that their wives always went beyond the usual term of nine months, and on one occasion one went beyond ten months.

Among several other cases which have since come to my knowledge, I may mention the following: Elizabeth Marks, a married woman, at the age of about 36 years, went eleven months with one of her children. Her account is "that she missed her menstrual period in the beginning of November (had been regular before), quickened on the 4th of March; took ship to come to America on the 25th of same month; was very sick during the whole passage, which was a very long and boisterous one; and on the Monday before the October court of Cambria county, was delivered of her child, being altogether at least 320 days.

#### CASE OF ASCITES, CURED BY THE INJECTION OF A STIMULATING FLUID INTO THE PERITONEAL CAVITY.

[THE following interesting case is related in the same Journal, by Dr. John B. Sherrerd, of Belvidere, N. J.]

Mrs. Newman, of Warren county, N. J., aged 40, mother of eight children, had been in declining health for a year or more previous to Dr. Clark's seeing her; a short time before which she was supposed to be again with child. Her debility and emaciation increased, and also a distension of the abdomen, added to which she had a prolapsus of the bladder. Dr. Clark saw her for the first time on the 30th of November, 1843;

he found her in this miserable condition, with poor appetite and fever, suffering constant uneasiness while sitting, and pain when on her feet. All ordinary remedial medical agents were used to no purpose, and on the 14th of December, Dr. C. deemed it necessary to perform paracentesis abdominis, and he drew off  $5\frac{1}{2}$  gallons. She bore the operation well. Emaciation, however, continued to advance. She now submitted to small bleedings, and the belly filled more slowly. On the 4th of January, 1844, she was again tapped, and gave  $3\frac{1}{2}$  gallons; her decline was now more rapid; no appetite, and great emaciation. It now seemed evident to Dr. C. that but one more tapping could be borne—he considered that the debility induced by the operation would so lessen the liability to inflammation, that he felt justified in injecting an astringent infusion, and thus produce some alterative effect upon the secreting surface of the peritoneum. On the 23d of February, she was subjected to the operation the third time; 3 gallons were removed. She was now very prostrate, requiring powerful stimuli. Her physician had prepared an infusion of the dried sliced fruit of the persimmon (*Diospyros Virginiana*); with this he charged a ten ounce syringe, to which he had attached a large-sized catheter. This he introduced several inches into the wound in the abdomen—he allowed it to remain in ten minutes, when the belly was emptied by pressure upon its walls. The doctor continued his personal attendance at the bedside 24 hours. Prostration was extreme; but reaction became established at the end of 24 hours, and in 36 she had some fever, and great tenderness of the abdomen. She could not move nor speak above a whisper during the first 36 hours. Tepid fomentations were applied to the abdomen, and continued until a bandage could be borne.

A profuse bronchorrhœa now set in, and in an hour a large silk handkerchief would become saturated. This was on the third day after the last tapping—it was checked by inhalations of chlorine—this drove the water from the lungs to the skin. The diaphoresis becoming too profuse, it was stopped principally with lime water, and frictions with pepper and brandy. After four or five days, the discharge from the lungs returned, and a similar medication drove it again to the skin. The same applications were re-applied; and at the same time the inhalations. During the metastases, the water discharged decreased in quantity, and the patient's appetite increased. A gastrorrhœa now occurred; constant nausea, frequent retching, and some vomiting at intervals. An emetic was given, and the morbid tendency seemed overcome. The urinary secretion now became fully established, and she recovered, so that by the 10th of June, 1844, all her functions were fully restored, and since that time she has enjoyed perfect health.

I make no comment on the case, and would merely call attention to the recent experiments of M. Velpeau, an account of which was given in a No. of the American Journal of last year.

The report of the above case was placed at my disposal by Dr. Wm. C. Clark, an eminent practitioner of twenty years standing, and who had charge of the patient.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, OCTOBER 29, 1845.
 

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*Artificial Petrification.*—By a private letter from Paris, we learn that an Italian gentleman was in that city, who claims to possess the process of the celebrated Segato, for preserving the human body, with some improvements. He exhibited a snail perfectly preserved, with the head protruding from the shell; also a frog, with all the appearance of life; an eel, coiled upon itself and in beautiful condition; a small yellow Canary bird, with all its colors and shape. Besides these, he had a number of fishes, and a piece of kidney, having much the appearance and consistence of polished marble; a piece of liver; a tongue, a child's hand, through which could be seen the rays; a man's hand, nails perfect; and, lastly, two human heads, in an admirable state of preservation, the hair not being at all changed. The skin looked dark in all the specimens, but coming as they did from Neapolitan lazzaroni, it is not certain how much is to be attributed to natural complexion, or whether it had been altered by the process. At all events, the art seems to promise well for anatomical pursuits, and may perhaps succeed in a degree for embalming, but it is questionable whether the natural colors can be retained. The inventor is soon expected in the United States, with a view to obtaining a patent, which may have already been secured in the different countries of Europe. It is confidently expected that the secret will soon be fully known, since it is represented to be quite simple, requiring only a tub, some few chemical substances, and an immersion from ten to twelve days.

The inventor calls it the *petrifactive process*—but the articles he has prepared in the new way, have not the weight of stone, although they are heavier than wood.

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*St. Luke's Day.*—The Evangelist Luke, who was styled the *beloved physician*, is considered the patron saint of the medical profession in Catholic countries. On Saturday, October 19th, which was St. Luke's day, a few medical gentlemen of Boston commemorated it by dining together. We consider it a happy circumstance when any apology is found for bringing the brotherhood into social contact. Formerly, the medical practitioners of the city had regular meetings, which served the important purpose of making them acquainted with each other. A new generation begins to show itself; but those conventional relations, so conducive to the happiness of professional life, which for twenty years particularly characterized the intercourse of medical men, are quite neglected, and in fact seem to have been forgotten.

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*Review of the Philosophy of Medical Science.*—Another paper has appeared in the October No. of the Southern Literary Messenger, written by Dr. Samuel Annan, Professor of Pathology, &c., in the Washington University of Baltimore. He presents Dr. Bartlett's doctrines in a new aspect, and criticizes the work which bears the title prefixed to these

remarks, as though he owed it a grudge. Here is a specimen of his review. "A disposition to see nothing good or beautiful over the wide domain of both physical and medical science—to show that he, the author, alone possesses the true secret of scientific investigation—and that, when he dies, wisdom will perish with him; in a word, to exalt himself, at the expense of the whole scientific world, is manifest throughout the work." Fortunately for the reviewer, Dr. Bartlett is now in some remote part of Europe, and hence he can thrash the shadow with perfect impunity; but we opine that a day for a literary retaliation will come, when the charges made by Dr. A. will be fully refuted by one so well able to vindicate himself as Dr. Elisha Bartlett.

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*Lectures on Puerperal Fevers.*—By request of a committee of medical students, three lectures on puerperal fevers, by William Harris, M.D., of Philadelphia, have been published. The best commendation in our power to bestow on the meritorious efforts of those who labor to lessen the amount of human sufferings, is to copy their own language and thus circulate their opinions. We have already done so in regard to these valuable discourses, by extracts published in the Journal. More extensive drafts would be made upon them, were it not for the amount of medico-literary matter that has recently accumulated upon our hands.

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*Allotropism of Chlorine.*—In looking over the American Journal of Science and Arts, a paper by that learned chemist, Professor Draper, of the University of New York, was noticed. It has since appeared in a neat pamphlet form. Those who understand what is called the *theory of substitutions*, will doubtless feast on this. Some idea may be formed of the character of the author's researches by the leading divisions of the subject, viz.: phenomena of the decomposition of water, by chlorine, in the rays of the sun; on the relations of chlorine and hydrogen, and the allotropism of chlorine, or its passive and active states. The fact is, this is an exceedingly profound dissertation, although, perhaps, rather too dry for the every-day reading of persons not intimately familiar with the present state of chemical science.

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*Legal Medicine.*—At Dartmouth College, a professor of legal medicine has been appointed, which is an important addition to a board of faculty, already distinguished for devotion to the best interests of students. Why has not the subject of legal medicine, as a distinct branch of instruction, been introduced more generally into the schools? Some years ago the Hon. Henry Hubbard, of Pittsfield, Mass., gave a series of lectures, of a high order, before the Berkshire Medical Institution class. Had they been published, they would have sent his name over the world with eclat. From the catalogue, it is evident that Dartmouth College, which should be the pride of New Hampshire, is in excellent condition, both in the academical as well as medical department.

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*New York State Lunatic Asylum.*—At present, as in past times, the Asylum at Utica is constantly full—the number of patients averaging between 260 and 270. It has been remarkably healthy there—only one

death having occurred in three months. The additions to the already colossal structure, are up, so that by another season accommodations will exist for six hundred. To a stranger, in passing by, the establishment appears outwardly to be on a gigantic scale.

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*New Remedy for Insanity.*—A new work by M. Moreau, of the Bicêtre, entitled *Du Hachisch et de L'Alienation Mentale, &c.*, has much in praise of the Cannabis Indica, which we have been offering to the profession as a remedy for neuralgia. If it is half as remarkable in diseases of the mind, or rather brain, as represented by this enthusiastic French savan, its discovery must be of much importance to the civilized world.

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*Lodgement of Shot in the Body.*—Dr. Gilbert, of this city, who formerly practised medicine at Brattleboro', Vt., relates, that about ten years ago, two children were standing in the rear of a waggon, from which a loaded gun was accidentally discharged. A heavy charge of shot was poured into the faces, breast and abdomen of them both, but they were not killed. Several shot passed entirely through the parietes of the abdomen, so that a probe entered freely—and yet there was little or no inflammation or disturbance in the system. The youngest had a shot exactly through the pupil of the right eye. The organ did not appear to suffer much, although a little diminished in volume, and wholly destroyed for the purposes of vision. As many as seven shot perforated the os frontis of the same little girl, which the surgeon did not doubt, at the time, actually passed completely through the bone. None of the shot were ever extracted by art. Last week, the gentleman who furnished these particulars, saw the father, who stated that the wounded children are in excellent health, having grown to young ladies. Where are the shot? It is well known that leaden balls have been carried half a century in the large muscles, not having been found when the wound was fresh, and that they have remained quiescent all that period, without being productive of much inconvenience.

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*Case of Luminous Breath.*—A case of this description was copied into the Journal, from an English periodical, some time since. Dr. Wm. Huggins, of Trinidad, relates a similar case in the London Lancet of Sept. 6th, which we here quote.

“One Hugh McCullum, a carpenter, an habitual drunkard, had been suffering for some time, and was under my treatment, at different periods, for disease of the lungs, liver and stomach. At about the commencement of August last he was suddenly seized with excessive cough, difficulty of breathing, and diarrhœa. The last I checked, to a certain extent, but the cough and dyspnœa continued to his death. On the night of the 7th or 8th, a black man, who was attending to him, called up the overseer of the estate (an American Quaker, of undoubted veracity), telling him that the unfortunate McCullum was at his last gasp. The overseer arrived just in time to see him die, and observed, plainly, a spark of bright-red color issue from his mouth, and disappear immediately. When he told me of it on the following day, I laughed at him, saying that he must have seen the reflection from the candle on a bubble of saliva. He replied

that it could not have been so, from the position of the candle ; and on my inquiring of the attendant, I found that he also had seen what he termed ' fire come out of his mouth.' I made a *post-mortem* examination of the body, for the benefit of all the lovers of the ' fire-water ' on the estate, and lectured them as severely as I could, stating what I expected to find in a man of such habits—that is, disease of the stomach, enlarged nutmeg-liver, and lungs affected. These proved to be the appearances."

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*Anchylosis of the Lower Jaw.*—Mr. French relates, in the London Medical Gazette, the case of an individual, aged 22, who from infancy had been brought up in the workhouse. He was unable to separate his jaws, and had taken food through an opening made by the removal of several of the incisor teeth. At 14 years of age it was proposed to afford him some relief by an operation. This was tried, but unsuccessfully. He died suddenly from congestive apoplexy. After death, the following appearances were observed at the seat of anchylosis :

"The jaws on the left side were perfectly united, and only the smallest degree of motion could be made on the right ; the soft parts were removed, and the base of the skull was macerated, when anchylosis was discovered to exist between the lower and upper jaw on the left side ; the ramus of the inferior maxilla immediately external to the mental foramen extending upwards by a broad thin plate, and uniting with a corresponding plate of the superior maxilla, a cartilaginous material forming the bond of this union.

"The articulation of the jaws was normal, and if the exact seat of the anchylosis had been known during life, it is probable that an operation might have been successful in restoring to a great degree the functions of the mouth."

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*Montreal Eye Institution.*—We have much pleasure in noticing the establishment of an institution for Diseases of the Eye in this city, under the care of Dr. Morson ; Dr. Macdonnell being the consulting physician. We have no hesitation in expressing our conviction that a specific charity of the kind is much wanted, and we doubt not its success, from the talent brought to bear upon it. An Institution of this kind, however, ought to receive in-door patients, as well as out-door, to the latter class of which its benefits are to be restricted. Doubtless, as it progresses, and its pecuniary resources become more extended, its doors will be open to the reception of the former. With characteristic benevolence, we perceive that his Excellency the Governor-General has permitted his name to be associated with the undertaking, and we feel assured, that partaking as it will of his generosity and of his patronage, it must and will succeed.—*British American Med. Journal.*

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*Establishment of an Hospital at Kingston.*—We are happy to perceive that a hospital for the reception of medical and surgical cases has been within the last month opened in Kingston. The position of that city at the termination of the upper lakes, and the commencement of the St. Lawrence river, should present numerous advantages in respect to the number and variety of the cases presenting themselves for admission ;

and if supported in a proper spirit by the community, would prove of infinite value to the city itself, as well as the adjacent country, where such an institution is much needed. There is no institution of the kind between Toronto and this city, a distance of about 389 miles. This fact speaks strongly for the necessity of one at Kingston, which is nearly intermediate. The hospital opens under the immediate professional charge of Dr. Hallowell and Dr. Sampson, the latter being the consulting physician. It has our best wishes for its success.—*Ibid.*

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*Medical Society of Georgetown, Ky.*—A society has been organized of the physicians of this neighboring town, the members of which meet together at stated times, for the purpose of mutual improvement in knowledge and good feelings. Interesting cases, which may occur in the practice of any of the members, are orally described, and a stated subject for conversation is regularly discussed.

Physicians ought constantly to "compare notes" together, and should seek to preserve harmony and good feeling among themselves; at the same time, they should constantly review their cases and acquire facility in communicating to each other and to the public, their observations, the results of their experience and their thoughts, either by speech or by the pen. In this view, the society at Georgetown must be productive of good effects.—*Western Lancet.*

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*Peculiarities of Ancient Teeth.*—Dr. Allnatt describes, in the London Medical Gazette, the following peculiarities in the teeth which he found in the skull of an ancient Roman. He says a similar peculiarity has been observed by others, as belonging to the ancient skulls of different nations. Thus it has been noticed in skulls taken from Saxon and Celtic tumuli, in those from Brazil, Egypt and New Zealand.

"The existing teeth in the upper jaw (the only one, unfortunately, preserved) are eleven in number; five of the molares were lost during life, as the alveolar processes are consolidated by ossification. The crowns of the incisors stand prominently from the jaw, and are evidently not worn to any extent by attrition, but instead of presenting the usual wedge-shaped appearance, they are of an irregular solid oval form, strongly coated with enamel, and in every respect like the natural molares. The bicuspidæ have also lost their identity, and partake of the same peculiarity, so that the whole row presents the appearance, along the entire line, of a set of sturdy and uniform molares."

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*Transplanting the Cornea.*—One of the very last propositions in operative surgery, is to transplant the transparent cornea from young animals to the eyes of blind men and women, who previously have their own clouded ones dissected out. It has actually been done, partially, by Dr. Plouviez, of Lille. He took one from a young dog, for a girl who had lost her sight by smallpox; but she could only perceive light, and not objects.

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*Medical Miscellany.*—A gall-bladder is said to have been taken from a patient who died in Guy's Hospital, so enormously distended, as to hold

three wash-hand basins of fluid. How large were the basins?—Professor Lallemand, of Montpellier, has been elected to the vacant place in the Academy, made so by the death of Breschet, and consequently removed to Paris. M. Boyer has taken the chair of Breschet, as surgeon of St. Louis. Jobert was first elected, but declined the honor on account of certain restrictions by the council.—A person lately died in Paris, said to be the son of an English lord, who left a widow. On examination of the body, the husband proved to be a woman!—Blisters in typhoid fever, according to M. Louis, are both useless and dangerous, from the tendency to ulceration and gangrene of all sores in cases of that fever.—A new chemical antidote for the poison of corrosive sublimate, is protochloride of tin—two parts dissolved in thirty parts of water, which, in the stomach, reduces one part of the poison to a state of metallic mercury.—A new method of treating mothers' marks on children is to puncture them, and inject a saturated solution of alum. Inflammation ensues and, finally, the nævus disappears.—Two religious periodicals in London have excluded quack advertisements from their pages.—Fossil human bones have been found in the province of Minas Geræs, in Brazil, which has led to the idea that the southern part of America was inhabited by men before any other part of the continent.—Perhaps the richest private medical residence in the world, is Dr. Hevia's, nine miles from Havana, in the district of Marianao, leased temporarily, at present, to Santa Anna, the extirpated Mexican Dictator.—In England, last year, 168 persons died by accidental poisoning.—The cholera has entirely disappeared from Sukkar and Hydecabad, in India.—Smallpox is represented to be very prevalent at Plymouth, Mass., and also in some parts of Western New York.—Prof. T. Shephard has brought from the copper regions, on Lake Superior, a specimen of ore, weighing 1600 pounds, almost pure metal.—No. 3, Vol. IV., of the *Homœopathic Examiner*, by Drs. Gray and Hemple, is advertised.—The past summer has been a sickly one in Missouri and Illinois. It has been estimated that 200,000 persons, in those States, have been ill of diseases peculiar to the season there.—In the city of New Haven, Conn., there are 390 females more than males. In Massachusetts, the females are supposed to be vastly in the majority.—Where is the *Manual of Medical Jurisprudence*, by Amos Deane, Esq., to be found?—The medical lectures will soon commence at the College in Boston; the introductory will be given by Dr. Channing, and will be worth hearing.

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TO CORRESPONDENTS.—The Connecticut Medical Society Prize Essay on *Scarlatina*, by Dr. Ellsworth, of Hartford, has, at the request of the Editor of the *Journal*, been forwarded for publication, and will soon be commenced.—Additional particulars from Dr. Bradley, of Bangkok, Siam, respecting vaccination in that place, have been received, and will soon be published.

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DIED.—In Cambridge, Mass., Dr. Timothy L. Jennison, 84.—At Turner, Me. Lewis Phinney, M.D., of Jewett City, Conn.

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Number of deaths in Boston, for the week ending Oct. 25, 47.—Males, 25; Females, 22. Stillborn, 8. Of consumption, 6—dropsy, 2—dysentery, 2—inflammatory, 1—typhus fever, 3—infantile, 6—hooping cough, 2—lung fever, 5—dyspepsia, 1—gravel, 1—disease of the bowels, 3—accidental, 1—croup, 3—dropsy on the brain, 2—inflammation of the bowels, 1—disease of the heart, 1—cholera infantum, 1—smallpox, 1—canker, 1—dropsy of the chest, 1—scarlet fever, 1—disease of the liver, 1—teething, 1.

Under 5 years, 27—between 5 and 20 years, 3—between 20 and 60 years, 12—over 60 years, 5.



*Poisoning by Oxalic Acid.* By MICHAEL KEATING O'SHEA, M.R.C.S. Eng., Lambeth.—In the year 1839, during my practice in Dublin, I was attracted late at night, by a woman, in seeming distress, being ejected from an apothecary's door, and on inquiry, I was told her husband had taken poison.

On my arrival at his residence, he complained of a burning sensation about the pharynx and œsophagus. His having had recourse to tepid water, with a view of emetic action (at his own instigation, before I saw him), must have tended materially to aggravate his case, by contributing to the solution of the ingesta (oxalic acid), and its more extensive application to the surface of the stomach.

His tongue was coated; his pulse was small, quick, and wiry; and an anxious countenance, with complete prostration of strength, exhibited the misery of this infatuated being. The palate was vesicated, and the pharynx highly inflamed; the cardiac extremity of the stomach and epigastrium were marked by a degree of exquisite tenderness, and he vomited dark, grumous and charred bloody matter.

In order to more fully understand this case, before I allude to the treatment, it is necessary to premise that I did not see him for full fourteen hours after he had taken the poison, which he effected at Bray, a village ten Irish miles from Dublin, and travelled to the latter place without using any remedy saving the tepid water before mentioned.

On his arrival at Dublin, early in the day, he had recourse to the apothecary, to whom I have alluded, who gave him some powered rhubarb and magnesia, of which he took *very little*, and I should have noted, that the quantity of oxalic acid taken exceeded an ounce.

There can be no doubt about the poison. The person who sold it acknowledged to it; the wife bore testimony to its being taken in her presence; and a small portion which remained in his pocket was tested at the University laboratory, by Dr. Barker, of Hatch street.

With such a case before me, I was alarmed for the result, and first sought for lime as an antidote to the poison. As the vomiting was free, copious and constant, I interfered not in this respect with nature, ever sensitive towards relieving herself of any foreign and injurious substance, but as the living machine must have sustained considerable damage, I applied myself to its repair, guided by the symptoms. Following these, my treatment consisted in copious venesection; free exhibition of calomel and opium; mucilaginous mixtures; a large blister on the epigastrium, dressed with nitrate of mercury ointment, terebinthinate enemas, with sulphate of magnesia, and, when the stomach became irritable, effervescent saline medicine. The man was confined for some time, but ultimately recovered, and again entered service as a gentleman's coachman.

I saw him twelve months after his recovery, and he looked very well, but complained of a sense of constriction about the œsophagus, and of being occasionally dyspeptic.—*London Lancet.*

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*New Medical Books in London.*—A Dictionary of Practical Medicine. By James Copland, M.D. Part X. From Palate to Pestilence.—Medical and Physiological Problems; being chiefly Researches for correct principles of Treatment in disputed points of Medical Practice. By William Griffin, M.D.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXIII. WEDNESDAY, NOVEMBER 5, 1845.

No. 14.

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## ESSAY ON SCARLET FEVER.

Being the Dissertation, by P. W. Ellsworth, M.D., of Hartford, which obtained the Prize offered by the Medical Society of Connecticut.

[Communicated for the Boston Medical and Surgical Journal.]

EMBARRASSED by the varied duties of the general practitioner, I have endeavored to throw together a few notes upon the more important points in the pathology and treatment of scarlet fever, not designing it as a complete history of the disease, nor enumerating all its symptoms, but such only as are of particular interest to those so well informed respecting it as are the physicians of Connecticut. I hope, however, that they embody most that is really useful, though written as the various points presented themselves successively to my mind.

Few diseases, at the present time, demand so much attention as the one under consideration; a fact acknowledged by the Medical Convention in selecting it as their subject for discussion at their meeting, and in presenting it to the great body of practitioners for examination. Consumption, sweeping off one fifth of our young and middle aged, rules the day, and to her dread power medicine presents but a feeble barrier; this fever, however, emphatically the plague of our youth, we may yet hope successfully to resist. I regret that it is out of my power to present a specific, yet I hope the suggestions made may meet with acceptance.

It is only by a careful and philosophical examination of the disease, an accurate diagnosis of symptoms as indicative of changes in the system, and by a judicious selection of remedies founded upon these, with a due regard to epidemic influences, that we can hope to attain the great object of our investigations; yet it is to be hoped that from the great store-house of nature, there may yet be drawn something, as powerful in subduing this fever, as bark in intermittents.

We are unable to draw upon the experience of the ancients, since the disease is either a modern one (which is the opinion of Dr. N. Chapman), or has been ever confounded with other and entirely different affections. It was so confounded with measles, until the close of the 18th century; and as late as the middle of the 17th, measles, smallpox and scarlet fever were considered as identical. The disease first broke out in Spain in 1610, and in eight years spread to Naples, where, and in the surrounding country, it swept off half a million of people. Since Withering's treatise in 1793, it has been so prevalent that there has been no lack of oppor-

tunity for investigation ; and the multitudes of treatises upon the subject, remedies and methods of treatment, witness both the interest it has excited, and the insufficiency of the means recommended. Under the improved and fast-improving manner of investigation, the more philosophical views of pathology and organic chemistry, the operation of miasmatic poisons and remedial agents, we may hope a blow will yet be struck at the root of this now so terrible malady, which first commencing its course in North America in 1737, has since then swept annually thousands of children to the grave, prevailing equally in our large cities and the rural districts.

Before entering upon the fever itself, there are some points worthy of study, and bearing strongly upon the whole character of the disease. In the first place, what are we to think respecting the discrepancies of writers regarding the *nature* of scarlatina, whether or not inflammatory ? Can it be that sagacious and experienced physicians should have differed, where there was no reason for it ? The truth is, both have been partially right and both equally wrong. The treatise by Billing, on the first principles of medicine, has thrown a flood of light upon this subject, and no student should commence the practice of medicine until thoroughly master of its contents. Not that I would subscribe to all his opinions, for few can advocate *many* new ideas, without *some* error ; but his views I am confident are in the main correct, and that they will stand the test of time and experience, for they have been the result of both. Now while I run the risk of exciting the prejudices of the older members of the profession, to whose experience all honor should be shown, I must, as an advocate of what I fully believe to be *truth*, and which I hope at some future period more fully to prove, assert the doctrine, that inflammation is essentially connected with the loss of vitality in the part attacked ; that fever is essentially attended with the same state of the general system (atony). Let me not be understood as advocating the stimulant practice ; for I could show that stimulants, so called, may be the greatest sedatives, and that in these cases the lancet and antimony are really tonics, adapted to particular stages. The views advocated by Billing were to a certain extent my own, before reading his work ; but since, they have been greatly strengthened, and I have been enabled with much more pleasure to practise a profession so full of difficulties. There has been much trouble in settling the *modus operandi* of medicines ; but having established the fact, that inflammation is a depressed instead of exalted action of the capillaries, a thing fully proved, both by the microscope and the operation of stimulant astringents on all parts visibly inflamed, we are greatly helped in this investigation, and enabled to explain many phenomena otherwise perfectly unintelligible. The discussion of this subject would take too much time ; and I will only add, these principles are not hostile to the practice of advocates for the lancet, but founded in part upon the results of venesection. It however gives us better principles whereby to judge what is the proper *time* to administer those remedies usually called tonics and stimulants. Antimony, by depressing the action of the heart, allows the distended capillaries to contract, an operation partly vital, but

also partly mechanical, produced just in the same manner as would be done after bleeding, the reddened tissues becoming at once colorless. When, however, it has been long continued, it is known sometimes to produce gangrene of the lungs, and in poisonous doses, inflammation of these organs—a circumstance depending upon an exhaustion of the tonic power; relaxation ensues just as it always follows a long-continued stimulation, which consumes the energies of the system. Inflammations are well known to ensue rather in debilitated than vigorous subjects. In a puerperal case under my care, where there had been a face presentation followed by considerable hemorrhage, the patient was attacked by metritis; when this yielded, phlegmasia dolens ensued, and mammary inflammation followed this. The patient was cured by calomel and quinine. Persons exhausted by the loss of blood are much disposed to peritoneal inflammation. This I have *seen* in a person who nearly died from a wound of the brachial artery; great attention was necessary to save him from the effects of peritonitis. The practice of anticipatory bleedings, formerly much in vogue in the English hospitals, is now happily nearly laid aside, having been found injurious, producing the very effect it was made use of to prevent.

The following from Pereira, respecting the operation of antimony, shows the mistake of many of our brethren. He says, "We should expect that if antimony had a tendency to inflame the lungs, or at least to occasion pulmonary engorgement, large doses of it would not be very beneficial in acute peripneumonia." Now the good of antimony depends upon this very fact, for it has the power of producing contraction of the capillaries, and this long continued or too energetically, ends in loss of tone and congestion. Ipecac. operates in precisely the same manner—its proximate principle, emetine, having just the same properties of inflaming or of stimulating the pulmonary mucous tissue. And here the homœopathic fraternity have stumbled upon a great truth, though, as they practise, not a truth. They say *similia similibus curantur*. I say, that some medicines, capable of producing inflammation in an organ, may in a smaller dose produce tonic effects. The true statement is, that after the system is prepared and the sympathetic action of the heart controlled, then, *local stimulants cure local inflammations*, whether applied direct or through the constitution, as nitrate of silver that of the conjunctiva, senega of the lungs, copaiba and lytta that of the urethra, Ward's paste that of the rectum; and if the heart does not sympathize strongly, either with the disease or the medicine used for its removal, we may begin at once. But we cannot thus reach many of the organs *directly*, and giving general stimulants urges on the heart and aggravates the difficulty. A specific stimulant may be given safely, provided its operation is strictly local. Upon examination, we shall probably find, that almost all our specifics, so called, operate as stimulants to certain parts of our organization, upon the mucous, serous, or nervous tissues, the glands, coats of arteries, as strychnine; the sedatives are very few, at least the direct. Even prussic acid, one of the most powerful of all, owes probably its control over chronic laryngitis to its property of stimulating the mucous membrane

of the larynx. As I stated, these remedies require caution from their effect on the heart. Capsicum, the *remedium magnum* of Thomson, is usually given after the operation of a powerful emetic, or in combination with it in cases of much torpor. The emesis acts not unlike a venesection; and as the remedy possesses rather a local action, and one by sympathy of tissue, than a general stimulant property, we can easily account for the measure of success which has attended the practice of the followers of Thomson, which certainly has been greater than reasonably could have been expected, considering the ignorance of most of them respecting a correct physiology. The great apostle of homœopathy struck upon a new idea, one half of which is true and valuable, but it is rendered null by his refinement. The suggestion that diseases are cured by medicines acting upon the diseased part as a tonic, at least when applied to inflammations and in the sense which I have explained, will be found true, and it is not improbably so respecting all disorders.

But enough has been said respecting inflammation. I felt it necessary to say thus much, that my views respecting scarlet fever might be better understood, and that there might be no obscurity when treating the subject more particularly. Some practitioners, considering this fever as a disease of intense action, could not restrain their fingers from the lancet, or account for the sudden prostration frequently ensuing. The desperate attempt of Drs. Graves and Marsh, recorded in the lectures of the former, pages 223-4, to cut short the disease by bleeding, shows how mistaken views may lead astray men confessedly among the brightest ornaments of the profession. Another class, true Brunonians, relied upon bark and brandy, but with indifferent success, except in certain epidemics, not reflecting, that in urging on the heart beyond its strength, a true state of debility was produced not to be relieved by other remedies. The truth lay between, and by a proper use of sedatives, so called, but being so only in a restricted sense of the word, the general system is prepared for the use of general tonics, or for stimulants properly so called. *The true remedies for disease are tonics*, but they cannot always be used early; at least this is true of those not acting through chemical changes in the fluids. When the *materia medica*, still in its infancy, is enlarged and perfected by new agents whose specific tonic action shall be accurately defined, they may perhaps be as soon resorted to in all diseases as lunar caustic in purulent ophthalmia, or iron in neuralgia or chlorosis.

Let us now look at the malady itself. The miasm, or whatever causes the disease, when communicated, is in all probability not an entity, but simply *particles of matter undergoing change*. Many experiments have been made, as in New York during the prevalence of the yellow fever, to detect this poison, in vain. Liebig has shown that particles of matter, undergoing change, communicate the same motion to all other particles capable of the same transmutations. This is the probable cause of all contagious fevers, of the low fever following dissection wounds, puerperal fever, and also the probable cause of the deadly effects of animal poisons, rabies, and the bites of serpents. It is true that this is in a measure a revival of the old doctrine of fermentation, but many things formerly

only supposed true, are now proved so, as is instanced in the discoveries of electricity and magnetism (I do not mean animal magnetism). Liebig has shown the "rationale" of many things, known only before as practical truths. This poison we have reason to believe may be generated in the body, and always is unless taken by contagion, or if not, it must act sometimes with great activity, contrary to what we know is its general law, since it has seized a person just landing after a long voyage. An epidemic influence is probably one of the most powerful causes of its spread, for while at one time we have a straggling case, it will at another burst out, attacking whole neighborhoods almost at once. We have reason, then, to think, that under certain states of the atmosphere or earth, there is a generation of the disease in the system, and *by the system itself*. That it is contagious there is little reason to doubt, although my own experience is *almost at variance with this opinion*—having seen but two instances where it spread in families, though I have often attended cases where the bed has been surrounded by children, whose removal was prevented by the circumstances of their parents. This accounts for the pretended success of belladonna in preventing its contagion. However, so many instances of undoubted infection have been related by neighboring practitioners, and by authors, that we can hardly refuse our belief. One thing is certain, that unless there is an epidemic constitution prevalent, the disease is communicated with difficulty as a general thing, nor is it nearly as contagious as measles or smallpox. The remarks made respecting contagion are probably true only as the malady is communicated by individuals, for we have no reason to believe that an epidemic constitution consists in the transmutation of aerial particles. As I stated, no analysis ever detects this, and we must therefore refuse our belief that there is anything added which thus causes directly the disease, but only such a state as causes its generation in the system in each individual case. Were it not so, but, were persons in an epidemic as much and equally exposed, as persons about the bed-side of a patient sick with contagious fever, infinitely fewer would be the escapes. It is by no means improbable, that the methods of analysis adopted by Liebig, respecting the several secretions of the body, the ingesta and egesta, may yet lead to the discovery of some chemical changes, against which we may guard and lead to greater success in escaping the disease or hastening its crisis.

The division into so many classes, for this fever, is not very necessary or even very useful; yet there is perhaps no other, where the various forms are so strongly marked, justifying this classification. Respecting the milder forms, little need be said, excepting that its sequelæ frequently require attention. The malignant variety attacks very differently at different times, sometimes commencing with a terrible onslaught, there being not only great febrile commotion, but such violent congestion of the brain and determination to the head that convulsions and almost apoplectic coma ensue. This may occur notwithstanding a bright scarlet eruption, showing that these symptoms are not owing always to retrocession or non-appearance of the rash. Again, severe symptoms of gastric derangement exhibit themselves, known by profuse diarrhœa, great



vomiting with ejection of bile, tenderness over the epigastrium. Yet these symptoms are not unfrequently dependent on nervous lesion of the brain, and if the tenderness is wanting, our attention should be fixed rather on this than the stomach. Again, the lungs seem to be the organs congested, known by the extreme anxiety of the patient, oppression of the chest, the mottled hue of skin, the rash being of a darker color, pulse small and oppressed. This state is almost always followed by a similar one of the brain, perhaps depending on the difficulty of circulation through the lungs, the reflux current overwhelming the cerebrum, or perhaps acting by its impurity. Sometimes in this congestive form the child dies without any symptoms of the malady, to one unprepared to meet it, no eruption manifesting itself until after death. This is a most curious phenomenon, yet cases have occurred in other diseases not dissimilar; witness the cholera in New York. Here some of the corpses, dead from this disease, though cold previous to the cessation of life, immediately became preternaturally warm on this event occurring. Nor could this have been owing to simple decomposition, as it rarely attends to such a degree and in so surprising a manner in other diseases, even when decomposition is more rapid than in cholera. Müller's experiments, though opposed to the following view respecting the capillary circulation, are also opposed to the views of many other physiologists, (see Oliver's Physiology). His own reasoning is very inconclusive also, and can weigh but little, the proof of such circulation being far stronger for, than against. The capillaries, having been extraordinarily contracted during the cold and congestive stage, now that the action of the brain and animal life is destroyed, are acted upon in some feeble manner by the nerves of organic life sufficient to admit a temporary circulation. That this nervous energy still may act, I had a fine opportunity of witnessing in a subject recently dead and placed upon the table for *post-mortem* examination. The iris dilated and contracted under the influence of light, to such a remarkable degree, that although there could be no doubt of the death of the patient, I was induced to delay the examination several hours. This also entirely confutes Lawrence's opinion of the contractility of the iris depending on congestion. The blood in cholera contains an unusual amount of carbon; this, driven into the capillaries, is acted on by the oxygen of the tissues and external air, developing heat much as occurs in inflammation. This is the most plausible method of accounting for the evolution of heat in the one case, and the development of the rash in the other. This is also an argument in favor of the doctrine advanced early in this article, for we cannot but suppose more energy in the capillaries at any period before death, no matter how weak might be the system, than after death, and yet the capillaries become distended after and not before, showing that in this latter state there is rather loss of tone than excessive action. There is one very singular form of the disease, where the person suffers comparatively little distress and is hardly conscious of danger, but looks pale and is very feeble. Such cases are apt to be of the most dangerous character; there seems to be a narcotic effect produced by the poison, for the sensibilities are not to be aroused even by the most

powerful stimulants. There is another though not dissimilar form attacking very young infants, respecting which, as little has been said by authors, we will make a few passing remarks.

Infants at the breast are less liable to attacks of scarlatina than older children. Billard says, "Although it is extremely common at the *Hospice des Enfants Malade*, it is very rare at that *Des Enfants Trouvés*." The first case of this description which fell under my care, gave me no little trouble. The infant was about six months old: there was no appearance of eruption, and the symptoms were rather those of influenza, being particularly perplexing, as that disease was then epidemic, and audible symptoms of bronchitis were easily detected by the ear applied to the thorax; yet there was a peculiar waxy appearance of the skin and puffiness of the face and arms, which convinced me that there was something more. A mustard bath developed the rash. We cannot in these cases, where a correct diagnosis is so desirable, draw any inference from the papillæ, for the mucous membrane of the mouth and fauces has not yet become involved. But there is a thick white fur on the tongue, unlike what we should look for in influenza, and this peculiar whitish puffiness of the face and arms, particularly the hands, which once seen will not be easily forgotten. It has a slight tinge of yellow, probably depending on the effused serum seen through the transparent skin. This is soon followed by defluxion from the nostrils. Sore throat is not always detected in these little ones, though a redness may frequently be seen from the first. Usually in three days or a little sooner, the tongue clears off and you have the inflamed appearance of scarlatina. So far as my observation goes, the disease proves very severe when it attacks in this manner very young infants.

I would also draw attention to the cases where there is a remarkably vivid rash; these I have found almost equally bad with those where there was none. Graves states, that in an epidemic at Dublin, most of the worst cases had a general and intense efflorescence. At first view we should be inclined to think that there was violent action, the pulse in children not unfrequently beating 130 or 140 in a minute. But it is a pulse of irritation, such as accompanies a burn or erysipelatous fever, bearing direct depletion badly, especially in an epidemic season; which latter circumstance always points out a more careful use of evacuants and generally an earlier resort to tonics. I cannot forbear mentioning the case of a lady in my neighborhood. Violent symptoms of cerebral disease were developing themselves, to restrain which, a few leeches were applied with great caution, and yet a fatal collapse rapidly followed. To what can this remarkable redness of the integuments be owing? May this problem not have its solution in this manner, at least in part? The external air acts upon the blood within the tissues, for we know that it thus acts through other tissues of the body, and the same supposition has been entertained respecting the skin. Marshall Hall states that he has noticed that organs are less inflamed according as they are deeper seated, or at least appear so on *post-mortem* examination, the external parts present a brighter tint, and remarks that poultices, now beginning to be used in thoracic and deep inflammations, probably owe their efficacy

in considerable measure to their excluding the external air. In scarlatina, the blood seems almost spread out in the external layers of the skin, presenting a vast surface in almost immediate contact with the atmosphere. Knowing the remarkable effects produced by excluding air from the surface of the animal body, and the great diminution of heat thus produced, some advantage might possibly be taken of the suggestion. Smallpox is known to be less fatal if pustulation can be limited, and the disease seems not aggravated by the attempt to do this, as has been done by the French physicians, using for the purpose the *emp. vigo*. There is, it is true, a difference between these two diseases, for in the one absorption of pus renders the symptoms more grave, while there is nothing of this in the latter; yet as the disease in this latter case is not mitigated by the great efflorescence, its modification might sometimes prove useful. We cannot try the experiment on the lower animals, as we do not know that they have a similar disease, or one any way analogous; yet it would not be an uninteresting experiment, to see the effects of a layer of varnish spread over a limb or portion of the body. The great difficulty is, that we can rarely tell before hand what sort of a case we are to look for, and after the eruption has once come out there would be less chance for its modification. Such a layer has been found of some efficacy in erysipelas, a disease somewhat resembling scarlet fever. So, also, and more particularly, in burns. Little fear need be entertained of repressing perspiration, for the violent cases are rarely attended by such secretion, but by a most uncomfortable state of dryness of the skin.

Between a burn and scarlatina there is a most remarkable similarity, and I am surprised that it has not been more particularly noticed, for aside from the apparent similar state of the capillaries, there is much the same internal appearance. Dupuytren remarks that almost all cases of severe burn are followed by inflammation of the mucous membrane. Dr. A. G. Smith, of New York, who had many and almost unrivalled opportunities for seeing the effects of extensive burns, being stationed at Cincinnati, where many are annually brought, scalded by steam-boat explosions, states that *post-mortem* appearances always indicated mucous inflammations. One case came under my observation, where from an extensive burn genuine croup set in, which with the terrible cutaneous injury terminated rapidly the life of the person. In this case, however, the flames *might* have been inhaled, and I will not insist upon it as a case in point. Ulceration of the duodenum is known to be a not unfrequent result of this accident if severe. There is, moreover, the same rapid and irritable pulse, one hardly improved by venesection, though it has been occasionally proposed; the same excessive nervous irritation. These reasons lead me to think that a modification of the same external treatment might be useful.

Respecting the affection of mucous linings there are some points of considerable interest. When the skin is inflamed, we know that these linings are apt to become involved, sometimes perhaps by sympathy, and at others by contiguity and extension of similar tissue, this last having a

most marked influence upon the extension of inflammatory action. Inflammation of an hernial sac will spread into the abdomen, but a layer of effused and hardened lymph will impede and even stop its progress. Billard has shown, by a multitude of cases, this close connection between the two surfaces, and that the mucous membrane is generally affected in proportion as it is near to, or distant from, the free action of the external air, or its nearness to the tegumentary covering. The examination of scarlet fever cases, shows that the same rule holds true here also, for we find the mouth, nares, throat, larynx and pulmonary mucous membrane affected almost in the ratio of their nearness to the skin, modified only by circumstances connected with the organization of the several parts, as will be seen. In very young infants, the pulmonary mucous membrane is peculiarly disposed to take on diseased action; the larynx, also, is not apt to escape some marks of disease, and occasionally a genuine croup cut off the little sufferer as early as the fifth day; one little patient of mine, so attacked, died as early as the seventh. This case was accompanied by the most vivid eruption I ever witnessed. The eruption of smallpox is known to involve the whole internal surface as well as the external, and Leutaud has seen the eruption of measles upon the surface of the abdominal and thoracic viscera. We may suppose the same holds true in the disease under consideration, although it does not leave the same traces of its existence.

[To be continued.]

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DR. TOWNSEND'S CASES OF FRACTURES IN THE MASSACHUSETTS  
GENERAL HOSPITAL.

[Continued from p. 253.]

CASE X.—July 25. M. D., æt. 21. Patient was going up a ladder, the bottom of which had been placed on a box, and when near the top of it, the box tipped and he fell about twenty feet; the weight of his body came on the right foot which was turned outwards, producing a fracture and protrusion of the bone near the ankle-joint. The protruding bone was returned before entrance into the Hospital; considerable hemorrhage from wound.

On examination, find patient restless and complaining of great pain about ankle; the joint much distorted, foot turned outwards and resting on its inner side; from about three inches above right external malleolus, there is a fracture extending obliquely inwards through internal malleolus, the direction of which is indicated by a depressed line. About the external malleolus is a great prominence and fulness; a little upwards, is a rounded piece of bone, which seems to be a portion of the astragalus broken off, with its upper edge nearly protruding through the skin; this is moveable and about an inch long; a depression is felt between inner malleolus and lower part of the upper fragment of the tibia. The external wound, through which the lower part of the upper fragment of tibia protruded, is one and a half inches long; some hemorrhage continues. The

anterior tibial artery is uninjured ; the posterior cannot be felt, on account of the swelling.

After some extension of the foot with slight pressure on the tibia, the parts were brought into a little better position, though there was still great prominence at the external malleolus. Lint dipped in blood to wound.

26th.—Great pain in ankle yesterday, and most of last night, preventing sleep. Took two grains of opium with but little relief. This morning is more comfortable. Hemorrhage has ceased ; no increase of swelling about ankle. R. Sulph. magnes.,  $\mathfrak{z}$  vj. ; and repeat if need be. Leg to be flexed and placed on its outside. Six leeches along depressed line.

27th.—Pain continued through yesterday. Was restless and wakeful through night, and very thirsty. This morning countenance distressed, face flushed, respiration hurried, and with sighing ; some tremulousness of chest ; position of head changed frequently ; skin hot and dry ; pulse 120 ; tongue coated. Ankle and foot look badly, both much swollen, with yellowish vesications about inner malleolus ; inside of foot, near instep, marked with dirty-brown and purple patches. Great toe rather cold. R. Zinc. sulph.,  $\mathfrak{z}$  j., and repeat if necessary. Apply to foot compresses wet with creosot.,  $\mathfrak{z}$  j. ; aq. fervent., Oj. M.

28th.—Much relief after operation of emetic ; countenance became better. Some short naps during day. This morning lower part of leg dingy red, nearly copper colored ; immediately around and below wound integuments are purplish black, foot swollen and puffy. Pulse 116 and softer than yesterday. R. Tr. opii, gtts. x. ; spts. æth. nit., gtts. xxx. M. every two hours. Brandy and water occasionally. Add to wash, Tr. opii,  $\mathfrak{z}$  iv.

29th.—Pretty comfortable through the day. Slept well in night. This morning improving. Pulse 104. Tongue as yesterday. Skin more natural. Some pain in ankle ; distinct line of demarcation of mortified parts, running irregularly round and below wound, on inside of foot, for about three inches ; discoloration and swelling of leg and foot much less ; discharge of a thin, bloody fluid, rather offensive, from vesications and beneath lint. Toes and foot sufficiently warm. Continue medicine of yesterday every six hours ; poultice foot and ankle. May have ale, porter or wine ; also chicken broth.

30th.—General symptoms improving. Pulse 100. Tongue cleaning. Lower part of tibia prominent.

31st.—Internal saphena vein quite prominent, with redness just above knee. Purple vesications at external malleolus. Omit poultice ; apply about slough unguent. creosot.

August 1st.—This morning rather better. Pulse 80. Outside of foot red, swollen and œdematous. R. Tr. quiniæ, gtts. xl., thrice daily. (The above is a Hospital tincture,  $\mathfrak{z}$  j. of which contains grs. jss. of quinine.)

3d.—Slough, which is quite superficial, removed this morning. Foot still swollen and of a yellowish-brown color ; at the external malleolus is a very copious discharge of dark-colored pus from an abscess ; parts around exceedingly tender. About an inch of the lower part of the

tibia is exposed. Patient reports great pain at times. R. Decoct. cinchon., Oj.; tr. cinchon. c.,  $\mathfrak{z}$  ij. M.  $\mathfrak{z}$  ij. every three hours. Beefsteak for dinner. Continue wine. Sprinkle chloride of lime on ulcer.

Patient continued improving in his general health daily; the foot and ankle were, however, in such a state that it was found impossible to save the limb. The tibia was exposed for more than an inch, great part of the foot was in a sloughy condition, and there was a large abscess near the external malleolus, and a free opening through the joint. Such being the case, it was thought advisable to take advantage of the patient's improved health, and remove the limb. This was accordingly done by the circular operation, at ten inches below the knee, on the 9th of August, at 11, A. M.

On examining the removed limb, a fracture was found extending from about three inches above external malleolus, obliquely through fibula and tibia to about one inch above internal malleolus. The lower fragment of the tibia was broken into three pieces; one on the fibular side was one and a half inches long and one inch wide at its broadest part, with a very sharp point; this piece was displaced and lay almost transversely over the astragalus, the other two pieces were not much separated.

Compresses dipped in cold water were applied to stump.

10th.—The flaps were brought together yesterday P. M., and secured by two sutures and emplastr. adhæsiv. This morning is quite comfortable, though stump is occasionally painful. Pulse 96. May have arrow-root and wine, with a little bread.

12th.—Doing well. Sutures removed this morning. Some discharge from stump.

20th.—Is up and walks about daily with crutches.

September 9th.—Wound healed. Discharged well.

CASE XI.—July 17th. J. F., æt. 40. Patient was at work, painting a house, about thirty feet from the ground, when the frame on which he was standing gave way and he was thrown down, striking on his feet; by report the end of the tibia protruded through the skin, two or three inches.

On examination, find patient a large man, six feet four inches tall, weighing about 200 pounds, and at present somewhat nervous and agitated; left foot inclined outwards, but readily replaceable in position; foot and lower third of leg much swollen; a deep wound, four and a half inches long, extending from tendo-Achillis obliquely across inner ankle. From motion and rotation of the joint it appears that not only the inner malleolus but the whole of the end of the tibia has been dislocated and protruded through the opening; the end of the tibia feels rough, but there is no evidence of fracture either of this or of the fibula. But little hemorrhage. Cover wound with lint soaked in the blood. Lay the limb on a pillow.

19th.—Has been tolerably comfortable since accident, having suffered but little pain in the ankle; the foot retains its natural position without support.



23d.—Limb begins to be more painful. Wound discharges through lint. Let the lint remain, and cover the whole with simple cerate.

25th.—Yesterday in P. M. was attacked with shivering, headache, nausea, thirst, heat of skin and excessive pain in ankle; some redness about wound. Pulse 110. Took ipecac. gr. xxx.; submur. hydrarg., gr. v., M., and had poppy fomentations applied to ankle. Vomited twice with relief. Slept a little. This morning reports better, with the exception of headache. Pulse 96. Erysipelatous blush about ankle. No dejection yesterday. R. Pulv. antimonial., submur. hydrarg., āā gr. iv. M. In P. M. an enema if necessary. At night, R. Pulv. Doveri, gr. x.; pulv. antimonial., gr. iij. M. Apply compresses to ankle dipped in Acet. plumb., grs. xxxv.; aquæ, ℥ iij.; tr. opii, ℥ ss. M.

26th.—Suffered much pain during day and night; is nervous and restless, moaning most of the time. Discharge from ankle increasing and rather offensive; adjacent parts swollen and œdematous. Remove emp. adhæsiv. R. Pulv. Doveri, gr. x., to night.

27th.—This morning more erythematous appearance about wound; discharge sloughy and offensive. Tongue cleaner. Pulse 88. Creosote wash to ankle and foot (℥ j. to Oj.) Broth ℥ iv. for dinner. R. Tr. cinchon. c., ℥ iij.; aquæ, ℥ j., M., every four hours. Acid drinks.

28th.—Free discharge from wound; less offensive; granulations appearing at the two extremities of the wound; redness rather less. Add to medicine of yesterday, tr. s. quiniæ, gtt. xl.

30th.—Nervous, moaning and worrisome as usual. Countenance this morning worse. Erysipelatous blush extending up the fore and back part of leg. Omit quinine. R. Potass. nit., gr. xij.; pulv. Doveri, gr. ij., M., every four hours.

31st.—Distinct fluctuation in swelling about instep; a small opening has appeared near external malleolus, through which pus flows freely. A few small bony particles came from wound at inner malleolus this morning. May have wine, ℥ iv. and beef tea for dinner. Place leg in a fracture box partly filled with bran.

August 1st.—Abscess forming about ankle.

2d.—Last night slept very little. This morning countenance very responding. Leg feels quite doughy at its lower part. Discharge at external malleolus free from two openings, about which the cuticle is removed. Original wound more sloughy and offensive. Fluctuation on instep more superficial and extending towards external malleolus; one small gangrenous-looking patch near it.

3d.—General symptoms much the same. Discharge continues very free and offensive from the openings at the external malleolus, and also from the abscess about instep. R. Decoct. cinchon., Oj.; tr. cinchon. c., ℥ j. M. ℥ ij. every three hours. Wine ad libitum.

5th.—Another opening, which discharges freely, at the upper and inner side of foot.

6th.—Swelling almost gone from leg and foot; skin in folds and rather dry. Original wound improving in appearance.

12th.—Continues much the same. Discharge from all the openings free. May have ale, Oj. daily.

15th.—Still very desponding, with an anxious countenance. Probe introduced into opening near external malleolus, touches denuded bone, and can be passed thence down through opening on upper side of foot. A counter opening was made to-day in middle of this sinus. Omit all medicine and ale. R. Quiniæ s., gr. ij. thrice daily. May have wine,  $\frac{3}{4}$  viij.

24th.—Openings on foot contracting; discharge much less. On raising foot, crepitus distinctly felt around joint.

September 5th.—Some cough, with bloody expectoration. Fine crepitous râle about base of left scapula. R. Pil. scillæ comp. thrice daily. Omit quinine.

Patient at this time had a slight attack of pneumonia, which was treated in the usual way, and lasted till the 13th, at which time he was relieved.

13th.—Integuments about heel beginning to slough. The leg was suspended by strips of bandage from the knee to the foot, passing under the limb and attached above to a fracture cradle.

22d.—Slough separating from heel, laying bare the os calcis for two inches.

The foot continuing to grow worse, and the general health failing, it was thought improper to persist in any further attempt to save the limb; accordingly, on

October 4th, the leg was removed by the circular operation, ten inches below the knee.

On examination of the parts removed, the joint was found entirely disorganized, being filled with pus; no evidence of any fracture was discovered, but the end of the tibia and the top of the astragalus were rough, the cartilage having been removed by ulceration.

Compresses dipped in cold water were applied immediately after the operation, and in the afternoon the flaps were brought together by sutures and adhesive plaster.

Since the operation the patient has improved steadily, with the exception of a few days that he labored under an attack of bronchitis. At the present time, though the patient is still in the Hospital, the wound is nearly cicatrized; he walks about on crutches, and is gaining strength and flesh daily.

[To be continued.]

#### VACCINATION IN SIAM.

[READERS of the Journal will perceive, in the various communications from Dr. D. B. Bradley, the indefatigable and conscientious American missionary physician in Siam, that he has made extraordinary exertions to introduce and continue vaccination in that singularly-organized kingdom, where smallpox has been the terror of the country for a long period, and swept off annually vast multitudes of people. With a view to placing before the profession a history of Dr. Bradley's praiseworthy efforts in this laborious work of benevolence, it is necessary to publish all his letters.

Coming sometimes by sea directly to America, and occasionally by the overland route, and ultimately reaching Boston by the way of England, they do not always reach here in the order of their dates, and sometimes several letters are received at once, as is now the case. However, we are unwilling to lay aside anything which Dr. Bradley may write on this subject, because he is laboring to solve a great problem, of incalculable importance to the inhabitants of that far-off section of the world where he is stationed, while he is at the same time enlarging the boundaries of medical knowledge.]

*Bangkok, February 20th, 1845.*

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—I wrote you on the 14th of September last,\* giving some account of my successful propagation of the kinexox from a parcel of scabs, which you sent me in the latter part of the year 1843, and which came to hand about nine months after it was despatched. I am happy to inform you that I am still, by the good hand of my God upon me, carrying on the good work which had its beginning in a single pustule on the 7th of August, but has now become as a swelling river. I find, on referring to my note-book, of all the cases in which I have inserted the vaccine virus since then, that there are more than one 1000 of them marked as successful. This number does not include any of whom I had any doubt. The whole number on whom I have operated for vaccination, as noted in my book, is 1617. Among the 617 cases that are not marked as successful, there will probably be scores that time will prove to be secured thereby from smallpox. Almost all these supposed failures occurred previous to the first of December. It was not without the greatest difficulty that I was enabled to preserve the vaccination through the wet season. This difficulty was of two kinds:—1st, Opposing influences in some one or more of the elements; 2d, the opposition I met with in the indifference and the bitter prejudices of the people. Many a week I have had only one or two successful cases out of twenty or thirty operated upon. Often has my heart sunk within me, as I went around from week to week, to look after those in whom I had inserted the virus the week before, and could not find a single pustule with which to cheer my hopes, until on the very point of giving up the work as lost, the Lord in my extremity has taken up some child, that I had overlooked, and set him before my eyes, a fair case from which I might vaccinate. Language cannot describe how my heart has overflowed with gratitude, on such occasions, to my superintending and faithful God.

The causes of the many failures from August to December, are, I doubt not, in some way connected with the rainy season; for when the virus began to take in August, and when it took with a good degree of promptness, the rains were not abundant. But as we approached the dry season, which begins annually about the middle of November, the rains became very abundant, so much so that great fears were entertained that the whole country would be flooded. I found the greatest opposing influences from the elements in the month of October, and the first part of November,

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\* See Vol. XXXII., p. 400.

when the air and the earth were excessively charged with water, and when the electrical influences were in great commotion. But as soon as these phenomena passed away, the vaccine virus gradually became more and more quick and sure, until in December, January and thus far in February, it has taken in almost every instance with but the slightest insertion of it, and that without any plaster to protect it. Since the middle of November, we have scarcely had any rain or lightning. I suspect the difficulty arising from the elements, of which I have been speaking, has more to do with the state of electricity, than with moisture. I judge so from the fact that I have sometimes been more successful in vaccinating in the midst of the most copious rains, than at other times with less rain or even none at all, but with very marked electrical phenomena. I suspect that it will always be found to be very difficult to propagate the kine pox in Siam during the latter part of our wet seasons, answering to September and October. This work, which I have now had in operation more than seven months without interruption, would have been all cut off many times over if I had not had several sets of subjects on hand at all times, and such as had been vaccinated from several different persons. I have little confidence that any native or set of natives of this country, will or can be induced to bestow all the care to keep vaccination a-going during the wet season, that I did the last wet season; and I feel sure that without every item of that care, it can never be carried through the opposing influences. So great were my efforts during that season, and so exhausting to my constitution, that I can scarcely think of going through the same process again, even though I could satisfy myself that it were wise to take so much time as it demands from proper missionary work. Hence I would request you to continue to send me packages of vaccine virus regularly as you have done, that when this which I have now in operation runs out, I may begin anew from that which you shall send me.

During the wet season, I took every precaution to preserve a quantity of virus on points from week to week, in sealed phials, so that in case I could not find a subject to vaccinate from, I might have a hope in resuscitating the work with that. My plan was to put a few dozens of strongly charged points into a small phial, which I closed with sealing wax and then imbedded the phial in a block of wood and sealed that also, and put it in a dark and dry place. After this manner I put up some dozens of phials, taken during almost as many weeks. But at length on experimenting separately with these points, I found that I could not make one of them produce the genuine vaccine pustule. I have hence concluded that they have little if any power remaining in them, notwithstanding all my pains to preserve them, and think that the scabs I receive from you will probably afford me a far better hope of renewing the work of vaccination, in case of its being cut off, than any matter that I can preserve here. I have consequently given up the care of preserving the virus that is generated here, except as I can do it in a living receptacle, the human body. The phial of scabs from which I vaccinated successfully, and another lot since received from you, are still in careful keeping as a safeguard.

I have uniformly found it difficult to make the virus take from the point of a quill, although it be taken from the pustule on the same day ; and therefore it has become my practice to have always a fresh pustule to vaccinate from, whenever I perform the operation. I take the matter from the pustule on the two lance-shaped ends of an ivory stick, three inches in length, and insert it directly into three punctures in the arm.

Scabs from these pustules are quite out of the question to vaccinate with, as the decomposing power of the climate, or some other power, is so strong that they lose all their vitality while in the process of formation. Even the scabs of smallpox are quite inert. I have often tried in vain to produce smallpox from them. To what shall this inertness be attributed, if not to the decomposing power of this climate?

[Some further remarks under this date are reserved till next week.]

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

B O S T O N , N O V E M B E R 5 , 1 8 4 5 .

*Beechism.*—That there may be nothing wanting by way of variety in Boston, a certain Dr. Beech, who hails from New York, was lecturing last week at the Marlboro' Chapel, on what he was pleased to call *the reformed system of medical practice*. He is the author of a book explanatory of his individual views, which are essentially different from those of the regular faculty, and are designated Beechism by his followers and others. A great part of the introductory remarks on the evening we were present, had reference to laying a foundation for the sale of the volume alluded to, which he triumphantly held up to a singularly miscellaneous audience. Dr. Beech intimated that he had received certain great attentions from various potentates of Europe. So would a tinker, had he forwarded a tin kettle to the same courts, since it is royal etiquette to make proper acknowledgments to those who fawn upon their shadows. There were other preliminary observations, obviously intended to impress the idea on the minds of the astonished listeners, that a tremendous medical revolution had been brought about by their friend and benefactor, the speaker, which, Napoleon-like, made the old school physicians—that is, those who really know anything—tremble for their bread and butter. Finally, the proper business of the evening fairly commenced by lecturing on ipecac. Either the subject, or a transparency which exhibited the plant to the life, was too nauseating for a mixed assembly, as many quietly walked out. A vast variety of topics were to be discussed, but how many of them were methodically disposed of, is only known to those who valiantly remained to the last. A manakin, pictures of skeletons, together with a verdant exhibition of painted medicinal plants, constituted the side scenes of the show.

From various sources, and for years too, we have heard of Dr. Beech—through his disciples, however, more than by other channels. On hearing and seeing the gentleman laboring in that Omnium Gatherum Hall, where all sorts of ordinary and extraordinary persons take turns in reforming

the world, we came to the conclusion that the speaker was a respectable man as to talents, though without any claims to distinction on the score of originality. It is a shameful waste of words for one to pretend, in this quacking and bequacked age, that he has nothing but the absolute best interest of all mankind at heart, in placing himself at the head of a medical reform like this, and that he has made prodigious sacrifices, and is willing to suffer more, if he can convince a stupid race of mortals that their humble servant is a-kin to the god of physic. The poet anticipated the canting hypocrisy of such benefactors, in two immortal lines of doggerel.

"The people have all patriots grown—  
They talk of public good, and mean their own."

Beechism, we apprehend, though in some respects preferable, is as far from being perfection as Thomsonism, Grahamism, pathetism, animal magnetism or any other modern ism. Its inventor, by pursuing a course of action in accordance with modern science, might have had a higher position in society, and achieved more for himself and posterity, than in stemming wind and tide in a leaky ship that must inevitably go to the bottom the moment he leaves the helm to other hands.

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*Climate and Diseases of France.*—A Massachusetts physician, now in Paris, has transmitted the following observations on the general character of the climate of France. About the middle of September the weather is unusually pleasant—reminding one of the first days of June in New England. This fact is mentioned, as most people are interested in the subject, and our feelings and happiness, in some degree, are dependent upon the vicissitudes of the weather. The winters in France are shorter and milder, and more equable, than at home; there is also less snow, and what falls remains but a short time. There is but little rain; yet to offset that, the sky is clouded six sevenths of the time, while the bright sunshine, which makes the charm of an American winter-landscape, is not seen. Acute diseases, which prevail with us during the cold weather, are just about as frequent in France, as far as can be judged without reference to statistical tables. The spring opens earlier than in Massachusetts, and the change from cold to heat is more gradual. Rain and sunshine alternate with each other, and render an umbrella indispensable. The distance from the ocean, in Paris, prevents the changes of temperature which are the plague of nervous persons and invalids on a change of wind in New England. The summers are comparatively rainy, cool, and with very little of intense heat. There are but few days when a walk in the shade at mid-day is not bearable. As with us, the autumn is the finest part of the year, with bright sunny days and cool bracing air. The mass of the people have an appearance of health, unknown to us: the women we should call buxome, having a comfortable air of good health. This is more marked in the females than in the males, although the latter are comparatively healthy. A sallow, shrunken Frenchman is not the representative of the nation. Headaches, dyspepsia, and the small bodily ills, are less frequent than in the northern States—owing partly to the mode of life, but more to climate.

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*Elements of Therapeutics and Materia Medica.*—By the express messenger, a copy, in two volumes, octavo, of a handsomely finished work,



under the name of "Elements of *Materia Medica* and Therapeutics, by John P. Harrison, M.D.," of the Medical College of Ohio, has been received. One of the first thoughts, on opening the leaves, had reference to the commendable efforts making at the West, to give character to the science of medicine. Short of fifty years ago the queen city was unknown. Now it is the seat of learning, the residence of men of great mercantile enterprise, and the focal point from whence radiates both knowledge and refinement. Medicine, ordinarily, in new countries, does not make the progress that appertains to other sciences; but in Ohio, the common order of things, in this respect, has been reversed. Not content to be the teachers of science in the College, the medical professors in the School at Cincinnati are sending out their treatises to be circulated over the world, to influence public opinion, and to surprise the inhabitants of older countries everywhere, with the energy, thrift, and indomitable perseverance of the medical talent of the West.

Within a year or two past, three important medical books have been published at Cincinnati, two of which were illustrated by beautiful colored plates.—But we are compelled to postpone the subject of Dr. Harrison's labors to another week.

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*Medical Schools in New York.*—A strong impression is abroad, that the New School of Medicine, as it is termed, will gather a much larger class the present season, than in any former year since its organization. On Monday, Oct. 27, the term commenced, it is reported, under favorable auspices. With the talent and medical reputation appertaining to some of the gentlemen holding professorial influence in the school, it would be strange indeed if they did not gather increasing numbers around them, from season to season.

In the old College of Physicians and Surgeons of New York, there is every facility known to modern times, for educating practitioners in the best manner; and a board of faculty, often weighed in the balance of public opinion, but never found wanting. We are prepared, therefore, to hear that both schools have matriculated more students than on any former occasion.

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*Wood converted into Iron.*—A patent has been secured in England for converting wood into what may be called metallized wood. Timber, of any dimensions, having been shapen and adjusted, as required for any purpose, is introduced into an immense iron cylinder. By machinery, it is quickly exhausted of air, and a solution of sulphate of iron is thrown in, which instantly fills the pores of the wood. Being soon after withdrawn, the timber, thus charged, is placed in another vacuum, in which is thrown a solution of muriate of lime, which, on coming in contact with the iron already in the vessels of the wood, decomposes it, and forms an insoluble sulphate of lime, or gypsum. Thus, the sticks become about as hard as stone, are prodigiously increased in weight, and for railway sleepers, posts of bridges, mill-races, &c., must endure for ages. This process cannot be very unlike the lost art of converting flesh into stone. Those who have access to large air-pumps—such as may be found at Mr. Chamberlain's large philosophical-instrument depot, in this city—might conduct a series of experiments analogous to those performed on wood, and perhaps bring

about results not only entirely new, but striking in their character. Facilities are now abundant for carrying on a series of investigations into the art of lapidating the bodies of animals.

*Health in Mississippi.*—A letter from Dr. C. S. Magoun, of Woodville, Mi., under date of October 15th, says—"We had a light frost last night, for the first time this fall. No sickness is prevailing, and consequently we now expect none for this season. This year, thus far, has been one of unusual health. My practice has only been about one fourth of what it was last year up to the same date. The months of August and September were as healthy as any months I ever knew since residing in the State. Some few cases of congestive fever have occurred, and most of them prove fatal before any medical aid is procured. I have been fortunate enough to lose no fever patients this season, and it is a fact, strange as it may appear, more deaths invariably occur in the winter than during the summer. The summer attacks are generally controlled by art; but such is their force on the constitution and general health that the sequelæ which follow carry off the patient, with pulmonic disease, visceral obstructions, &c. Dropsy is quite common here as a sequela of other diseases. This disease proves fatal in almost all broken down constitutions."

*Medical Miscellany.*—Dr. Ruschenberger has prepared a work on the Elements of Geology for the use of schools and colleges.—The petrified body of Mrs. Morrison, who was buried at Berthier, Canada East, in 1824, and exhumed in June, 1844, is to be exhibited in Boston the present week.—No. 3, of the new series of the American Journal of Pharmacy, which should have the patronage of all apothecaries in the Union, fully sustains the character of the work.—Rev. Mr. Hervy is now residing near Utica, N. Y., who is 111 years old, and in good health and spirits.—The appointment of Surgeon to Queen Victoria's yacht William and Mary, vacant by the retirement of Mr. Edwards, has been given to Mr. M'Cormick, the adventurer to both poles, he having accompanied Sir Edward Parry to the north, and Sir J. C. Ross to the south.

TO CORRESPONDENTS.—Dr. Allen's paper on Aneurism cured by Pressure; Dr. Chandler on Puerperal Fever; Dr. Leonard on Homœopathy; Remarks on the same by "A Looker On"; Prof. Mussey on the Bi-Lateral Operation in Lithotomy, &c.; and Dr. S. A. Cook on Vaccina, have been received. These, as well as other papers already commenced in the Journal, will be disposed of as early as space will allow.

MARRIED.—At Darien, Conn., Dr. Robert H. Lockwood, of Stamford, to Miss Mary J. Waterbury, of Darien.

DIED.—Douglass Houghton, M.D., late Geologist of Michigan, drowned near Eagle River, in Lake Superior, during a snow storm.

Number of deaths in Boston, for the week ending Nov. 1, 52.—Males 25, females 27, Stillborn, 7. Of consumption, 17—sudden, 1—convulsions, 1—infantile, 4—dropsy on the brain, 2—croup, 1—dropsy, 1—brain fever, 1—typhus fever, 4—delirium, 1—inflammation of the lungs, 2—murdered, 1—scarlet fever, 1—inflammation of the bowels, 1—childbed, 3—accidental, 2—diarrhœa, 1—dropsy of the chest, 1—abscess, 1—hemorrhage, 1—debility, 2—marasmus, 1—lung fever, 1—old age, 1. Under 5 years, 15—between 5 and 20 years, 7—between 20 and 60 years, 28—over 60 years, 2.

*The Epidemic Constitution of the Year.*—This is a subject truly important to be known in the diagnosis and treatment of disease. Dr. Siebert, in his “Art of Medical Diagnosis,” justly ridicules the partial views of those pathologists who see an inflammatory, a rheumatic, a catarrhal, gastric, nervous, &c., genius according to their preconceived notions; he is only surprised that they have not discovered a sanguineous, or osseous, or serous constitution. The fact most generally recognized, is that the predominant constitution or genius attracts all other diseases to itself, and impresses upon them its own type. But what is the cause of the predominant constitution? Dr. Siebert, in common with the majority of enlightened practitioners, looks for it in the meteorological changes proper to climates and seasons. Different climates have each their permanent “constitutions”—so have the seasons. A cold, dry winter is as assuredly marked by inflammatory affections of the lungs, as by depression of the thermometer. Dr. Siebert enumerates several analogous instances of the seasonal recurrence of disease. The truth we think is this, that the meteorological changes determine a predominance or cessation of action in special organs, and it is these functional changes that determine the epidemic constitution just as they determine the individual constitution. Only in the latter case the functional activity or repose is permanent or alters only with age; in the former it alters with every great meteorological change.—*British and Foreign Med. Review.*

*Convulsions in Infants.*—We have collected 41 cases of convulsions of children at the breast, in 27 of which the cases were idiopathic, in 14 symptomatic. Fifteen of the children, in whom the convulsions were idiopathic, were attacked by them in the midst of perfect health, and recovered without any ill result; 4 died several months afterwards of other diseases, and an examination did not disclose any important changes in the brain. In 12 the convulsions occurred in the course of other diseases which were serious from their commencement, or at the close of pneumonia, or in the course of erysipelas, or of the fever that attends the development of the vaccine vesicle, and 7 of them died. Only 1 of them, however, presented any morbid appearance of the brain, which consisted in the presence of a tubercle surrounded by unchanged cerebral substance, in the centrum ovale of Vieussens on the right side. This summary is very interesting; it shows most positively that convulsions may occur, 1st, in the midst of perfect health; 2d, during the course of acute affections, in which it seems to be analogous to delirium; 3d, that there does not exist any relation between convulsions of certain parts, and particular tissues of the nervous centres; since it appears from our autopsies, that the encephalon of 10 out of 11 children who died at different periods after convulsive seizures, presented no morbid appearance whatever.

The cases of symptomatic convulsions were caused six times by granular meningitis, twice by simple meningitis, four times by encephalitis with and without tubercles, once by real, idiopathic, acute hydrocephalus, and lastly in one instance by cerebral tubercle without inflammation of the brain.—Dr. E. BOUCHUT on *Diseases of Infants.*

Dr. Henderson, of the University of Edinburgh, has adopted the homœopathic system of practice.

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No. 15.

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## DR. ELLSWORTH'S PRIZE ESSAY ON SCARLET FEVER.

[Continued from page 277.]

THERE is another particular respecting the internal affection which is deserving of more than passing notice. Why is the throat so often and severely attacked? It is so universal, that it may be said to be the least changeable of all the symptoms, the one to be most surely depended upon. We are referred to the specific action of the poison. This explains nothing, unless the word specific is fully understood, and it is by some considered as a sort of fiat of the Creator, that such and such results should follow without any adequate cause. We are not to believe that a specific in medicine, is one acting by a general law, always fixed and unvarying; there is no specific, but a relation between agents and the body, constantly varying with the changes of the latter.

A medicine, or a poison, in which latter class we of course place the morbid cause of fevers, enters the system, but does not when acting constitutionally seize on a particular part of the body, as an intelligent agent would do. Some medicines taken, act locally at first, and secondarily in consequence of their primary effect upon the general system, as a purgative for instance. But my remarks are meant to apply to medicines operating locally, having been constitutionally applied, as senega. Now a medicine or a poison thus acting, whether through the blood or through the nervous system, must have a tendency to affect all parts of the body, nor could we tell, *à priori*, whether it would act on this or that organ, except on trial; but having obtained a little knowledge of the article, we may make a guess as to its operation in other cases. Knowing that a substance is emetic, we can come very near its general action on the skin, bowels, heart, &c. Medicines, in all probability, act upon the various parts of the body by producing changes by direct contact. Lytta produces strangury when introduced into the system, by one way or another. Tart. ant. inflames the stomach when injected into the veins, as well as when swallowed. Quinia is equally effective, given endermically, by the mouth, or the rectum. Liebig has thus shown the combination of morphine and arsenic with the tissues, so that knowing the amount of animal tissue a given amount of arsenic is capable of combination with, so as to resist the chemical changes requisite for life, he can determine with some accuracy the amount necessary to produce death. It is difficult to prove

the same respecting poisons acting with the rapidity of hydrocyanic acid, but my own opinion is, that it thus acts, since the venules are so rapid in their work that it may be detected in a minute or two in the blood. Every organ in the body has some peculiar duty assigned it, and to perform this duty has a different endowment both as regards organization and vitality. The gland secreting urine must possess certain attributes not possessed by a gland secreting saliva, though this galvanoid property seems sometimes capable of migration, under extraordinary states of the economy. It is this different constitution which renders an organ more or less susceptible of the operation of a medicine; the same medicine may possess one action on one organ, and a totally different one on another. Digitalis acts as a sedative to the heart, but a stimulant to the kidneys. Changes are produced by the medicine upon the circulating fluid, such that when passing through the system there is little or no relation between the organic particles and the medicinal substance, unless the fluid passes through some organ with whose peculiar action the changed fluid now has some vital, or more probably, chemical connection. We are then to look after the difference between such organs before we can learn the cause of specific action. We shall unquestionably find the chemical constitution of the agent if a medicine, is peculiarly related to the chemical constitution of the organ. The vital power we know little about, and although existing, we are every year hearing less of it in the explanation of phenomena.

There is another mode of explaining this apparent specific action on the throat. We know that the lungs are much disposed to take on inflammation, from their being most exposed to rapid changes of temperature, especially at the time when the body is beginning to lose its vigor with advancing age. The great extent of intestine in children, and improper ingesta acting upon these, are the exciting cause of bowel complaints at this age. May there not be some such disposition of parts, which peculiarly excites the inflammatory action in the throat, in the disease now under consideration? We may take the first hypothesis, and call it specific in the sense explained, or take the latter, which suits me much better. Billard has shown the connection between disease of the skin and mucous membrane, and we find the red and fiery tongue fully illustrating it, not as anything specific, but a genuine inflammation from continuity of tissue. It is well known that parts exposed to the air take on inflammatory action more speedily than those protected, and the care nature takes to speedily cover an exposed surface with a scab, shows her appreciation of the fact. The little excitement attending sub-cutaneous tenotomy is a still stronger proof of the same thing. We have in the throat a combination of causes sufficient to explain this phenomenon, without being obliged to rest in anything more specific. Anatomy tells us that there is in this region a great development of the mucous membrane, necessary for the purposes of more freely lubricating the part and to permit greater distension; there are two arches of the palate, containing between them the amygdalæ, a congeries of mucous follicles intimately adherent to the mucous membrane, which sends numerous processes between them;

the tissue is also particularly relaxed, thus allowing the tone of the parts more easily to yield to external or exciting causes. Dr. Mott has remarked respecting amputated stumps, that if the flaps are loose and do not fit snug, sloughing is extremely apt to follow; the same thing here permits sloughing quickly to ensue. Moreover, the parts are situated so that they are constantly receiving a fresh current of air, the oxygen of which must necessarily exercise a powerful influence upon them. For these causes there is no part of the body more frequently inflamed, not even the bronchial linings, to which the same remarks hold good. It is true the parts are fitted to do their duty, but disease unfitting the whole system, allows ordinary causes to produce effects which in a state of health would never have been produced. The poison of scarlet fever is eminently exhausting, eminently predisposing to inflammation, more so even than that of ordinary fevers, and it always follows severe cases unless death anticipates its development.

Respecting the acrid discharge from the nostrils, all agree that it is a very bad symptom: it arises from the inability of the fluid to descend behind, from the swollen state of the parts, and from the anterior portion of the schneiderian membrane becoming involved, Nature attempts to relieve herself as in what is called a cold in the head, but the diseased blood and abnormal action of the membrane causes a secretion so acrid, that the face, unless protected, is excoriated. The same fluid is abundantly able to excite diarrhœa or croup if applied, as it easily might be, to the digestive canal or the tracheal membrane.

Thus far we have not had much difficulty with the disease, but in examining its treatment we shall have more to say respecting certain points which have been the cause of great differences among physicians. We are to understand that it is a disease essentially prostrating, and we are to obviate this tendency. This opinion has been steadily gaining ground against the advocates of a different practice, and notwithstanding the failures of those who acted on the Brunonian system, but without a proper knowledge of the methods of subduing inflammatory symptoms, or the *modus operandi* of remedial agents. I have seen many carried off in a severe epidemic by too antiphlogistic a course having been pursued, while a different one, or even no treatment at all, was sufficient for cases equally bad. A gentleman, after losing many of his patients in rapid succession, candidly said that he thought he had pursued the antiphlogistic course too far, yet he deservedly holds as high rank as a scientific physician as any man in the State. It wholly arose from not properly appreciating the nature of inflammation. The same epidemic presented no uncommon difficulties to others of the profession. Having a true view of the case, we shall be the better able to guard against the two dangers.

Before entering upon the treatment, we must refer to a few peculiarities by which the general course of the fever is disturbed. There is no disease which has presented itself under more phases than scarlatina, but it assumes these in common with other disorders under epidemic influences. We know that under one constitution of the season there will be found



symptoms of gastric derangement in acute disease, the taste bitter, sense of weariness, tongue loaded with a thick white or brown fur, costiveness or diarrhoea. The constitution changes slowly, and we have a different state of action, full pulse, red tongue; cases demanding what is called an antiphlogistic treatment. Again we have a season when all diseases demand either a total abstinence from all depletion, or a ready use of tonics or stimulants. Bearing this fact in mind, we shall be enabled to account for the success of particular remedies at particular times, which, not acting upon the general disease, possess no property which ensures future usefulness, but which by relieving some complication or train of symptoms, have for that particular period been crowned with success; for the more sound we can keep several organs, the more chance has Nature in overcoming the disease in the remaining.

In the first place, it is a disease which cannot be cut short. I believe a definite time is requisite for the depuration of the system, but its course may be greatly modified. It has most essentially contributed to modern success in fevers, that physicians have renounced the idea of cutting them short, unless it may be slight inflammatory fever. By pursuing a contrary course, I doubt not more patients have been cut off than fevers. It is by *ameliorating individual symptoms*, combined with a judicious regard to the whole economy, that we are to hope for success. This we may truly say has divested typhus of its terrors—thanks to the genius of France and the practical talent of Great Britain. Do we, then, possess any agent capable of ameliorating the future progress of the disease? I think we have one. Whenever called to a case, unless there is something to contra-indicate, I always administer an emetic of ipecac., or this and antimony. Withering, one of the earliest and best writers on this subject, speaks of the emetic in the highest terms, saying that it seldom failed to cut short the disease, or if the capillaries are injected and the system feels the effects of the poison, it removes the anxiety, faintness and delirium. Other early writers state that they broke up the disease, but that it came on again a few days after. Almost all writers, from that time to this, laud emetics as extremely useful. I have had much more reason to regret their non-administration, than their too free use. Undoubtedly they are more advantageous at one season than another; when there is great gastric disturbance with foul tongue, they will prove doubly so, but no general remedy will be found more universally applicable. An epidemic once prevailed in this State, during which an empiric was very successful, his treatment consisting in an heroic emetic of saltpetre and bloodroot; the disease was then left to itself, excepting the use of an astringent drink and gargle. The physiological effect of the emetic will be passed over as a subject, trite, and as well understood as I could explain. It is, however, to be borne in mind that the existence of great nausea and vomiting do not contra-indicate its administration, unless there is pain on pressure over the epigastrium. This nausea, as was stated further back, is dependent upon nervous lesion in the brain, perhaps congestion, or a state resembling that following concussion. Here I have found emetics answer equally well, and by removing the cerebral dis-

turbance, have relieved the stomach also. The rash will frequently be seen rapidly appearing after this concussion of the system.

It is generally considered a matter of great importance that there should be a complete efflorescence, and there is no doubt that, as a general thing, it is well that it should be pretty well developed; but it is also true that there should be a proper relation between the several phenomena of the fever; if any of them are too strongly marked, it is apt to interfere with the regular and safe progress of the disease. Still, a bright, intense scarlet, in one unbroken sheet, I have ever found a bad symptom, and, as has been stated, Graves remarked the same during an epidemic at Dublin. The more common state, however, requiring treatment, is that, where there is no efflorescence, either from its not having appeared or having receded. The emetic often hastens its appearance, and I have seen it come out after a draught of cold water. When there is no eruption, there is extreme danger of congestions, though this is not always so, and we must attribute death to some other action of the poison. The putrid sore throat not unfrequently assumes this appearance, running through the whole disease without any efflorescence. In this congestive form, there is nothing the emetic excepted, and this hardly so, which is equal to *stimulating external applications*; they are not properly appreciated, though commonly advised. I have seen an eruption speedily appear, having its limit exactly marked by the height of the bath. In the Medical Examiner, Vol. III., page 467, are some most interesting remarks of Dr. Clutterbuck, before the Medical Society of London, on this subject. In a bad epidemic, he found stimulants bring up the pulse, but it soon fell, and nothing then did any good. After losing one or two members of a family, he ordered a mustard bath for another, presenting equally bad symptoms; by mistake, several pounds were put in, and the smarting soon became intolerable. After being in about five minutes, the skin was reddened and the rash covered the body. Dr. C. found mustard, thus applied, afterwards of much service. I have been told that a physician, somewhere in this State, saved a child, after all hopes had been given up, by enveloping it in cloth spread with mustard paste. I wish to recommend the mustard bath, and advise that it be made much stronger than is commonly the case. *Carb. Ammonia* will be found extremely useful, when there is great diminution of sensibility, with a pulse small and scarcely perceptible. *Musk* and *camphor* are also worthy of attention.

Before speaking further on bleeding in scarlatina, some remarks having been made further back, I would say, that we treat this disease too actively by internal agents, even in malignant cases, exceptions being made. The mild cases do very well of themselves, and it becomes us to be very careful in resorting to energetic measures, when we endeavor to expel an enemy with whose nature we are so little acquainted, and it is better to suffer the system unaided to contend against it, than throw obstacles in her way. Few die of this disease for want of medicine, and we should hardly know what unaided nature might accomplish were it not for the infinitesimal school of practitioners. A neighbor of mine in

despair gave up a child ; it recovered : he stuck to the next, and it died. He was an energetic physician.

In a disease of apparently such intense action, it is no wonder that the lancet has been often called upon to play its part—sometimes, it is true, with benefit. Graves, in his *Clinical Lectures*, has mentioned cases where, under the most favorable circumstances, he resorted to venesection, yet the cases went on just as bad to a rapidly fatal termination. Venesection, then, has no power of emptying the system of the poison circulating in the veins, and is not to be used unless the epidemic constitution seems to demand it ; even then it is barely tolerable, and generally unnecessary, unless it be to remove some complication. Even leeches are to be used with discretion, for unexpectedly bad results have sometimes followed. Such a case occurred here not long since, where a noted practitioner applied a few leeches to the temples of a lady, who had the symptoms of intense fever, with incipient inflammation of the brain ; an immediate collapse followed, terminating her life. Here was apparently a clear case indicating leeches. Still there are cases where they can and should be used, concerning which I will again remark. The present constitution does not require the lancet, nor when there is an epidemic constitution is the lancet *generally* useful in ordinary diseases. Sporadic cases bear it better. It was so with the puerperal fever of Hey ; to him the lancet was indispensable, but nothing is more deadly than the lancet in the puerperal fever of hospitals. It is not cases with vivid eruption which best bear bleeding. Graves says, the cases with moderate eruption and very sore throats bore venesection best ; which is in complete accordance with the theory advanced in the early part of this article. Nevertheless, it is evident that this method of depletion was not *generally* useful, and he would better have entirely dispensed with it. Stewart says that although congestion may demand depletion, yet it is only a proof of the want of vitality.

I am equally averse to the *indiscriminate* use of *tonics*, and much more so to that of stimulants, early. It is rare that they are thus called for, though sometimes the epidemic influence is such, or the state of the patient's constitution, that they may be demanded ; be it remembered, they possess no specific power of cutting it short, and only assist nature in her resistance to disease. When required, sulph. zinc and sulph. quinia alone or in combination will be found very useful. Withering speaks of an epidemic where it was necessary to give at least a bottle of the best port daily to children ; such cases must be rare. Carb. ammonia and wine whey may be earlier used, and with extremely pleasant effects. Cornell, in the *New York Medical Gazette*, has mentioned many cases of the great value of wine whey, even when there was much febrile commotion, and where we should as a general thing have been averse to its employment. Of *capsicum* I shall say more by and by. Tonics, of course, are required after any exhausting disease, or where there is extensive suppuration, as of the cervical glands.

Another general agent is *tart. antimony* in nauseating or even smaller doses. It has been a favorite with many persons, particularly Dr. Billing.

I have spoken of it as used as an emetic ; but as here proposed I verily believe that in the cases where it is borne, the patient would have done just as well without. In one of the most intense cases, with the most vivid eruption I ever witnessed, where the child perished from croup, it was perfectly useless. In the severe cases attended with congestion, the small and extremely rapid pulse indicates nothing which will diminish the heart's action, for it is a pulse of oppression and irritability, not one demanding sedatives, so called. With a harder pulse, dry hot skin, and strength of body, or perhaps it would be better to say more vitality, particularly towards the close of the disease, when the peculiar effect of the poison is nearly expended, it is sometimes useful, especially when local difficulties are beginning to be manifest. It is a curious fact that as this disease runs on, a greater tone of the system is acquired, much better bearing depletion than during its height. This is applicable to exceptional cases, but they are not unfrequent. Antimony should, on the whole, be used but rarely, and then with great caution ; when I have given it, it has been usually in the form of the aqueous solution or of the wine in combination with the liquid acetate of ammonia.

Another general agent is *affusion*. No one now-a-days writes on scarlatina without speaking of Currie ; yet I think his suggestions not of as great value as they appear to many, nor are they fully carried out by physicians in this vicinity ; for myself, I have never done it. In a case where one of my brethren applied cold sponging, it was always followed by increased delirium. It is not convenient, and moreover we have the authority of Chapman that it has been followed by sudden death. The patient will, however, be refreshed by bathing the hands and arms in cool water, or may be allowed freely to drink of it or to swallow small lumps of ice, after holding them in the mouth long enough to round off the angles. A cool airy chamber is necessary, and the patient should be made as comfortable as possible as respects temperature. There is a peculiarity to be noticed respecting the *thirst* of scarlatina ; although it is generally considerable, yet it is not at all proportioned to the intensity of the fever, and I have seen cases where it was almost entirely wanting. It has sometimes appeared to me as a diagnostic mark. *There is less thirst than in any other violent fever.* Is this not owing to the uncommonly small evacuation of fluids by the natural emunctories, the skin being extremely arid and the kidneys greatly suspending their operation ? The throat, too, which is the seat of the sensation of thirst, is put into a new state, which perhaps injures its specific sensibility. Ice may be freely allowed, and exercises a good influence upon the throat and fauces, constringing the swollen capillaries and delaying the chemical changes on which disorganization depends.

*Purgatives* are the next in order. I always used to commence the treatment with an emetic, and follow it with a dose of calomel. Of late, it has appeared better after the emetic to give some mild eccoprotic, as the soda mixture or oil. Not that calomel has ever appeared to me, when used thus, to do any harm, but it is best not to conflict with public opinion unless there is some satisfactory reason for it ; and I can say the above

practice answers just as well. There may be cases, however, where in scarlet fever, as in other diseases, this medicine is a useful adjunct to our treatment, as where there is congestion of the liver and portal system, where there is nausea with thick fur and bitter taste, stools deficient in bile, &c. Dr. Douglass, of Boston, many years since, strongly recommended that the system be fully put under the influence of mercury in bad cases, and he has had many followers since; but it is bad practice in simple or congestive scarlatina; and Andral has shown the reason: there is but a slight increase of fibrine in the blood, and it is particularly upon this element mercury exhibits its power. The person mentioned who was for a time so unfortunate with his cases, relied much upon it in his practice. Towards the close of the disease there are secondary symptoms, highly inflammatory and not unfrequently treated by bark; here calomel, in purging or constitutional doses, will be found much more useful, Andral's experiments showing that there is increase of fibrine. This is Underwood's treatment, who has written an excellent article on the subject.

A remedy to which I wish to call attention, is the *wine of colchicum*. This article I think I first saw recommended in the Boston Medical and Surgical Journal, though I may be mistaken. My opportunities after this for a time were such, that I could not investigate its properties, not thinking it proper to depart from my usual mild treatment, there being no severe epidemic; nor did I like to venture upon a remedy, doubtful as to its effects, and whose action upon the system seemed hardly compatible with what I knew of the fever. But during an epidemic, one of our oldest and most distinguished practitioners, having a case of great danger, used it with such marked success, that my confidence began to rise. This gentleman stated further that his son, practising in a neighboring town, had been so peculiarly successful in an epidemic, that he had acquired much reputation, his principal remedy being colchicum. Since this period I have been in the constant use of it in severe cases, and think it has proved eminently serviceable.

This drug possesses some very active properties; it has long been used as an antiphlogistic, as in rheumatism, gout, and certain diseases of the eye, and yet its operation is not altogether antiphlogistic. It has considerable influence in reducing the action of the heart, and is a powerful stimulant directly or indirectly to the alimentary canal; it has been thought useful in exciting the kidneys, and is a cholagogue. Respecting this latter property, it is probably by its stimulating the liver, through the sympathetic connection between the mouth of the gall-duct and the extremities of its ramifications. Upon the kidneys its operation is not well marked, though when it is restricted to these organs there is a considerable flow of urine. It has the property of causing the kidneys to eliminate certain matters from the blood, as urea, which may have an important bearing on the disease, for we know that on the decline of fever there is much of this matter thrown out in the form of uric acid, and the use of colchicum may be in hastening this process. It is to be remarked that colchicum does not produce its depressing or sedative effects by

operation on the bowels, for sometimes a person may have twenty stools and yet feel little bad effect. I should, however, caution against such a use of the drug, for violent purging could hardly but be bad in this disease. The discharge of bile from the liver causes in part this flux, and this very activity of secretion probably assists in the removal of the disease. It may be used at an early stage, in all cases except where there is complete prostration: sometimes, when there is almost a comatose state, skin pale, rapid and feeble pulse, where stimulants such as brandy would be found the general resort, we shall find colchicum act with great benefit and save the patient. I have more commonly used it where there has appeared to be considerable energy in the circulation, and have hardly ever known a patient not benefited. My method has been to give it in small doses to suit the age of the patient, either alone or with hyoseyamus, to prevent its irritating the bowels; it should act upon these at the end of two or three days. I have an extremely interesting case in my note-book, of its marked utility, after other things had proved of little value, and where a diarrhœa was rather checked by its use. It is, however, too long for insertion.

[To be concluded next week.]

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DR. TOWNSEND'S CASES OF FRACTURES IN THE MASSACHUSETTS  
GENERAL HOSPITAL.

[Concluded from p. 281.]

CASE XII.—August 2. C. W., æt. 19. Patient was sitting on the top of a coach, which had been backed up to within three feet of the rails at the Worcester Railroad Depot. As the cars came in, the horses became frightened, and during the attempts to turn the coach, the locomotive struck it and crushed it to pieces. Patient does not know how he was injured; was brought immediately to Hospital.

On examination, find leg swinging to and fro at every movement; at the lower third of tibia, on its inside, a small opening three quarters of an inch long, through which blood issues freely, and which communicates with broken fragments of the tibia; on fibular side of leg a small opening, one inch lower than the other, the size of a pea, and extending to the fractured end of fibula. For about two inches below the end of upper fragment of tibia the bone appears to be crushed into several pieces. From ankle to upper third of leg is some swelling, with extensive crepitation of air. Pulsations of anterior and posterior tibial artery felt distinctly. Foot somewhat numb; toes cold and purple. Cover wounds with lint and adhesive plaster. Flex leg and place it on a pillow on its outside. Poppy fomentations to foot and toes. R. Sol. sulph. mag., ʒvj., in morning.

3d.—Toes became warm after fomentation, but are still rather purple. Swelling of leg more than yesterday; considerable hæmorrhage during night from fibular opening. Wrap foot in flannel. Leg splint with foot-piece attached for limb to rest on.



4th.—Comfortable through day and night; toes of natural warmth; ankle and foot somewhat swollen.

8th.—Lint removed from wounds this morning, followed by a discharge of pus.

10th.—Discharge of matter from wounds very copious; a probe introduced into opening on inside of leg, passes freely up and down for two or three inches, striking against small and partially detached pieces of bone. Slight redness around fibular opening. Apply extension by means of L. Roe's apparatus, described in Case IV.

13th.—Attacked yesterday P. M. with chills, headache, pain in back, heat of skin and nausea; erythema around wounds. Bowels costive. Had an enema, after the operation of which, took pulv. Doveri, gr. x. This morning rather better, though headache continues. Tongue coated. Pulse 96. Heat and redness about wounds increased; discharge of pus dark colored and ill conditioned. R. Hydrarg. submur., gr. v.; pulv. antimonialis, grs. iij. M.

14th.—Better yesterday after operation of medicine. Slept well. This morning reports more comfortable. Countenance brighter; skin cooler. Pulse 90. Redness much the same. End of lower portion of fibula protruding slightly through opening, that of upper part nearly in same condition. Discharge continues free.

15th.—A piece of bone one and a half inch long, very pointed and rough, removed from fibular opening; also a semicircular piece from tibia; swelling and redness diminishing. Pulse 86. Appetite good.

17th.—Piece of fibula two inches long and of tibia one inch, removed this morning with forceps.

18th.—Improving in general health; erysipelas subsiding. R. Tr. quinae, gtt. xl., three daily. May have broiled chicken and wine  $\frac{3}{4}$  iv. daily.

25th.—The lower fragment of the tibia is denuded for an inch or more.

Sept. 1st.—Strength much improved. Omit tr. quinae.

5th.—Considerable pain in limb all of yesterday; erysipelas again manifesting itself this morning. Omit meat and wine. R. Sulph. magnes.,  $\frac{3}{4}$  vi.; apply to limb creosote wash (3j. to Oj.). R. Spiritus aetheris nitrosi,  $\frac{3}{4}$  ss. every four hours.

11th.—Much better; redness and heat diminishing. Omit creosote wash.

13th.—Complains of burning pain in heel, which has excoriated and is somewhat inflamed. Apply creosote wash to heel.

14th.—Some sloughing of integuments about heel to-day, attended with much pain and inflammation. Apply a poultice to heel.

15th.—Yesterday noon was attacked with shivering and chills, languor and nausea, with great burning pain in fractured limb. Took ipecac., gr. x.; hydrarg. submur., gr. v., M., which induced vomiting and a discharge of hardened fecal matter. This morning patient is languid, with a hard and full pulse, a furred tongue, together with some headache; leg much swollen, of a scarlet redness and pitting on pressure; excoriation of heel quite painful. R. Pulv. antimonial., gr. iv.; hydrarg. submur., gr. ij.,

M., now : and R. Pulv. ipecac. et opii, gr. vj. ; pulv. antimonial., gr. iv., M., to-night.

16th.—Decidedly better this morning. Complains of slight headache, also some soreness of throat. Leg still continues to burn and is covered with small vesicles. R. Sulph. quiniæ, gr. ij. every 4 hours. May have wine,  $\frac{3}{4}$  iv. daily.

18th.—Erysipelas extended into foot ; heel quite painful. Reports some nausea. Tongue furred and dry. Pulse hard and full. Attacked this morning with diarrhœa. Omit wine and quinine. R. Pulv. ipecac., grs. xx. After every dejection, R. Mist. carb. calcis.,  $\frac{3}{4}$  ss. ; and if necessary, R. Tinct. opii, gtt. x. May have wine whey and port wine and water occasionally. Gruel for dinner.

19th.—Limb much better this morning ; discharge lessened. Diarrhœa checked after the exhibition of tr. opii. R. Tr. quiniæ, gtt. xl. every four hours. May have arrow root with port wine. Omit wine and quinine if contra-indicated in course of day. R. Pulv. Doveri, gr. x., if restless at night.

20th.—Rather better this morning. Erysipelas gradually leaving upper part of limb and concentrating in foot. Wine and quinine were omitted yesterday afternoon. R. Spirit. æth. nitros.,  $\frac{3}{4}$  j. every four hours.

21st.—Much better. Resume quinine, as on 19th inst.

23d.—Inflammation wholly subsided in leg. Omit creosote lotion.

25th.—Patient being desirous of returning home, and apprehending, if he remained in the house, another attack of erysipelas, was at his own request discharged. He was without difficulty removed to Worcester, and has since gradually improved. Subjoined is an extract from a letter received from him, dated Oct. 30. "My limb is progressing for the better very fast. I am now able to lift it from the bed without any support. The wound on the left side is healed, with the exception of a small opening ; that on the outside is improving slowly ; no more pieces of bone have made their appearance. The limb will probably be about two inches shorter than the other."

CASE XIII.—Sept. 8th. P. B., æt. 47. Patient reports that he was crossing a street, when a cab turned a corner rapidly and came upon him ; whilst attempting to save himself by stopping the horse, he was kicked by the animal about the middle of the left leg.

On examination, find an oblique fracture of the tibia, just below the middle of the leg. No injury of the fibula, consequently no shortening and not much distortion of limb. Patient reports that his right leg has been broken twice, and his left, once, previously.

9th.—Place leg on a pillow. Apply to limb compresses wet with mur. ammoniæ,  $\frac{3}{4}$  j. ; aceti,  $\frac{3}{4}$  iv. ; aquæ, Oj. M. R. Sulph. magnes.,  $\frac{3}{4}$  j.

10th.—Some inflammation and pain about fracture to-day. Apply six leeches to leg.

11th.—More swelling of limb to-day, but pain much less.

12th.—Swelling as yesterday. Apply common splints to limb, and bandages from toes to knee.

16th.—Swelling much subsided. To-day complains of rather more pain in limb. Omit splints. Apply to limb many-tailed bandage constantly wet with lotion of 9th inst.

19th.—Much easier to-day. Resume the use of splints.

22d.—No pain in limb. Swelling nearly subsided. Apply a starch bandage from toes to knee.

Oct. 8th.—Bandage removed. Union of bone strong; can walk with some assistance from a cane.

10th.—Discharged well.

#### VACCINATION IN SIAM.

[Continued from page 281.]

[In the remainder of Dr. Bradley's letter under date of February 20th, 1845, he corrects a mistake contained in the number of this Journal for July 26, 1843, where it was stated that vaccination could not be propagated at all from pustules of patients in Siam; whereas in 1840 he had been successful in the vaccination of 200 individuals from matter thus obtained, as was stated in the Journal of October 14, of that year. Dr. Bradley then proceeds:—]

I fear it will be yet a very long time ere the native physicians of Siam will become trust-worthy in this business. They have as yet been my bitterest opposers, and have forged a thousand lies and prejudices, and palmed them off upon this quack-ridden and quack-intoxicated people, to interpose a deadly obstacle to my progress in the work. But I have a young man under my training, an Indo-Portuguese—this country born—who is now of vast assistance to me in vaccinating, and who is getting himself a great name thereby among the princes and rulers of this people. When he goes out from my service to support himself by the medical profession, as he contemplates doing in a few months, he will be prepared, in some good degree, to feel the importance of great care to keep the vaccine virus alive, and will well know what are the best means to effect that object. He is calculating, as he well may do, to become a great man in Siam by the business of vaccinating alone; and I trust he will spare no pains to keep it a-going from year to year.

There are now some two or three Siamese physicians who have recently come over on the side of vaccination, and are endeavoring to carry on a line of the business independent of me. I greatly rejoice at this, and fervently hope there will be many such conversions to the cause of truth and humanity. Living witnesses in favor of the power of vaccination to protect the human system against the smallpox, are becoming so numerous and wide spread, and powerful in their influence, that the opposition of the medical faculty of Bangkok has become more silent than it was, and I have no doubt that it is in fact much diminished. They formerly published loudly that it was all an imposition that the kinpox would protect against the smallpox; but the light of truth has become so strong that thousands on thousands of the people know that it will protect, for they

have had many opportunities of seeing the vaccinated subjects standing unharmed in the very midst of the most malignant variola. Many in high life have taken great pains to test this question. A few weeks since, an officer of government told me, that what I had published of the protecting power of the kinpox was very strong and deeply interesting, and and that he only needed to wait a few more days to have his mind settled forever either with me or against me; for, said he, "my child that you vaccinated successfully, is now in the midst of the smallpox. One person has recently died of it, in the same house, and others are now breaking out with it." There have been hundreds of such cases, and they are now multiplying with greater ratio than ever before. Formerly none could be persuaded to come to me to be vaccinated. The only way I could procure subjects to operate upon, was to go around among the people and importune long with them, and give them ocular demonstration of the strength of my argument and of the soundness of my mind, which many questioned in my great earnestness to perform such a strange act, and that without money or price. Such demonstrations I would give them by leading about with me a child with a fresh pustule on his arm. Such exhibitions had great power; for they saw that the pustule was shaped just like a smallpox pustule, and that of course such a pustule was sign enough that the smallpox would never appear again in that individual. And they saw, too, that the subject was quite well in the very midst of the disease. But many, notwithstanding such apparent convictions, would still hold off, from a fear that there would be some trick revealed in the work at last, or that the common report, to wit, that many take the smallpox after vaccination, and all die of it that do so, will prove too true. Such foolish fears have, however, been much dissipated of late. Now, parents, masters and guardians come to me, earnestly requesting me to go to their houses to vaccinate, and they often bring their children to my house from a great distance, seeking the blessing. Indeed, the bare work of operating for the kinpox, without any importunity on my part, is becoming too much for me and my single assistant. Many of the princes and highest officers of government have already had all their children and servants successfully vaccinated. A few days since, I was credibly informed that his majesty the king is intending to have two of his own little children vaccinated by my assistant. A brother of the Phraklang, a man high in authority, and who has been exceedingly obstinate in his unbelief in vaccination, has just come over to the faith entirely, and has requested me to make arrangements to vaccinate all his children and servants as soon as possible. Thus is the good work progressing and overcoming all opposition.

I published in September last a full treatise on vaccination, of 34 pages, 12mo., 500 copies, in our smallest Siamese character. In that I endeavored to clear up every doubt, and give the people the truth, and nothing more than the truth, of the protecting power of the kinpox. I trust that work has done much good in preparing the way before me. I also printed 200 handbills on the same subject, some of which I had posted up in different parts of the city, and some I distributed by other

modes and sent them about the city and country. I have lately revised and re-printed the treatise, an edition of 1000 copies.

I had been informed that certain Siamese physicians were gulling the people with the idea that it is necessary to perform certain rites out of respect to the devil in the desiccating stage of the kinpox, as is their custom in the smallpox, with a view to induce this author of the disease, as they suppose, to depart from the subject of it and trouble him not with any diseased consequences. It is the custom for the physician to perform these ceremonies, for which he gets a fee of about thirty cents a head. The people being infinitely more credulous of lies than of truth, receive this doctrine as sober and important truth, and are fully willing to pay thirty cents for a good security against all ill consequences of vaccination. I took occasion, in the 2d edition of my treatise, to expose this satanic fabrication.

[Additional particulars, in letters dated March 4th and May 10th, are on hand, and will be published as soon as we can find room.]

#### HOMŒOPATHY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Who shall decide when doctors disagree? Although a subscriber to your useful Journal, I confess, that diverted by the daily newspaper and other ephemerals, with which the press is teeming, I have not been so constant a reader of it as I ought; still, in casting my eye over the table of contents, I frequently find something that attracts my attention. In this way I noticed an article in the No. for Oct. 8th, “A Letter on Homœopathy,” which I was induced to read, more by the oddity of its caption than the subject proposed. I was a good deal pleased with it, thinking it a candid, common-sense exposition of the whole concern, which if not universally approved of, was certainly not obnoxious to any severe criticism. But in your Journal of the 22d, I saw announced “a Review” of the article alluded to. The interest I had taken in the first led me to read the latter, to see if the opinion of the reviewer corresponded with my own. I found him, on the contrary, accusing W. with having charged homœopathy with assumptions it never assumed—with three fundamental principles, “*not one of which is believed by the homœopathic school, or ever has been!*” which he charitably ascribes to his ignorance—W. confessing he had “read very little on the subject.” And here the parties are at issue. If W. had not good and sufficient foundation for these charges, he certainly deserved the severest censure; if, on the other hand, he had ample authority for making them, he was as certainly justified in reading no farther—for surely, with these premonitions staring him in the face, no prudent man, who had any other use for his head, would venture it within the penetralia of so crazy a fabric. To have gone farther, would require the curiosity or courage which prompted Dante to enter the gate over which he read that formidable inscription—

"All hope abandon, ye who enter here."

That he did not misapprehend or misrepresent the three leading dogmas of homœopathy, admits of very ready proof from Hahnemann's own words. As to the first, the cause of disease—after twenty years' practice upon principles which he had pronounced *infallible*, and founded upon the *immutable* laws of homœopathy, he was convinced, by numerous failures in the treatment of chronic diseases, that there was something wanting. He found himself under the necessity of groping in the dark for the occult cause of disease and of these failures. He tells us, "that he labored in profound secrecy for this great, this sublime desideratum, his very pupils knew it not, the world was to remain in ignorance of his pursuits, until he could proclaim the most inestimable gift that Divinity had bestowed upon mankind. This immortal discovery was neither more nor less than Iron, to which malady, according to his views, since the days of Moses, seven-eighths of the physical or moral miseries to which flesh is heir were to be referred. Whether rendered evident by eruptions, or latent from our cradle, it was a curse transmitted to us, by the modification or degeneration of leprosy, through myriads of constitutions, and which only disappears from the surface to fester in malignity until it bursts forth again in the multifarious forms of innumerable diseases, amongst which we find scrofula, rickets, consumption, hysteric and hypochondriac complaints, dropsy, hemorrhage, diseases of the head and liver, deafness, erysipelas, rheumatisms, gout, loss of sight, of smell, of taste, stupidity and imbecility, and a host of others too tedious to repeat. In support of this doctrine, Hahnemann adduces ninety-five cases recorded by medical writers, in which the disappearance of the *itch* was followed by various acute and chronic maladies." That by the term *psora* he meant the common *itch*—the Scotch fiddle—is abundantly evident from the use he makes of the word in different parts of his "Organon." I know nothing equal to this theory of deriving seven-eighths of our afflictions from the *Jewish leprosy* become *itch*, except that of *Eugene Sue*, who makes his "*Wandering Jew*" the bearer of it, as Asiatic *cholera*, from India to Persia, by the Caspian, north, about through Russia and down upon Paris—and in that *particular case*, I know no better theory; he probably got the hint from Hahnemann, who, during some of his latter years, was his neighbor in Paris.

Next, as to the grand indication of cure. Medicines are to be administered which are capable of producing the same symptoms in the healthy subject as the disease of the patient exhibits. Take his own words: "The curative power of medicines is founded on the property they possess of giving rise to symptoms similar to those of the disease, but of a more intense power. Hence no disease can be overcome or cured in a certain, radical, rapid and lasting manner, but through the means of a medicine capable of provoking a group of symptoms similar to those of the disease, and at the same time possessed of a superior energetic power." Hunter advanced the doctrine long ago, that two constitutional diseases seldom or never co-exist in the same patient—but



his general plan of cure, I believe, was *contraria contrariis*. Hahnemann has improved upon this by *compelling* two diseases to co-exist, will or nill, taking care that the new one inflicted by himself, the train of symptoms excited by his remedies, should be the most severe of the two, and, "like Aaron's serpent, swallow up the other"—in short, that *similia similibus curantur* was the rule. The logic by which he supports this favorite doctrine is inimitable. "With what," he asks, "do we endeavor to relieve the olfactory nerves when offended by disagreeable odors? by snuff, which affects the nostrils in a similar but more powerful manner. By what means," he adds, "do we endeavor to protect the ears of the compassionate from the lamentations of the poor wretched soldier condemned to be scourged? Is it not by the shrill note of the fife united to the loud beat of the drum? How do we endeavor to drown the roar of distant artillery that causes terror to the heart of the soldier? by the roll of the double drum. Nor would this feeling of compassion, this sense of terror, have been checked by admonition or by splendid rewards. In the same manner our grief, our regret, subside upon receiving the intelligence, true or false, that a more lively sorrow has affected another person;" or, in other words, that our neighbor is worse off than ourselves.

Infinitesimal doses. The homœopathists contend that the most minute particles of medicine are more powerful than larger doses. They therefore have recourse to infinite trituration or dilution, in three vehicles, which they consider free from any medicinal property—distilled water, spirits of wine, and sugar of milk. By these means they procure a decillionth or quintillionth fraction of a grain. One drop of this solution is considered sufficient to saturate three hundred globules of sugar of milk, and three or four of these globules are deemed a powerful medicine. Let us quote Hahnemann's own words. "By shaking a drop of medicinal liquid with one hundred drops of alcohol *once*, that is to say, by taking the vial in the hand which contains the whole, and imparting to it a rapid motion by a single stroke of the arm descending, I shall then obtain an exact mixture of them; but two or three, or ten such movements, would develop the medicinal virtues still further, making them more potent and their action on the nerves much more penetrating. In the extenuation of powders, when it is requisite to mix one grain of a medicinal substance in one hundred grains of sugar of milk, it ought to be rubbed down with force during one hour *only*, in order that the power of the medicine may not be carried to too great an extent: medicinal substances acquiring at each division or dilution a new degree of power, as the rubbing or shaking they undergo develops that inherent virtue in medicines which was unknown until my time, and which is so energetic, that latterly I have been forced by experience to reduce the number of shakes to two."

Now, if this is not *hocus pocus*, by what other name shall we call it?

To conclude—was there any deficiency of proof, the reviewer himself has supplied it, and by example sanctioned the alleged precepts of homœopathy, which he had just disavowed. He boasts of having relieved cystitis, or acute inflammation of the bladder, with *cantharides*; and cases of painful salivation, as like mercurial salivation as that is like itself, with

homœopathic doses of mercury. Now what is this but accrediting the golden rule, *similia similibus*—casting out devils by Beelzebub the prince of devils?

I have thus, I think, exonerated W. of the charge of mistake or misstatement—the sole object I had in view, when I took pen in hand. I love to see fair play between medical or other combatants, as

A LOOKER ON.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 12, 1845.

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*The Great Hydrarchos.*—At this particular period, our city abounds with curiosities; but those which are predominant on account of their rarity, are the fossil bones of a marine monster on exhibition at the Horticultural Hall. A variety of opinions are expressed in regard to them. The multitude of separate blocks are so arranged as to construct the imperfect skeleton of an immense serpent, measuring one hundred and fourteen feet in length, to which has been given the name of the *Hydrarchos*, or Leviathan. One thing is undeniable, viz., that there is a prodigious number of huge vertebræ, mostly fossilized. But it is asserted by some, that they were portions of the spines of several mastodons, and that the building up of a hydrarchos depended entirely on the ingenuity of the proprietor. Some very accurate naturalists reside in Boston, who are competent to decide the question beyond the possibility of a doubt, and it will therefore be speedily determined, on satisfactory authority, to what extinct animals they really belonged, or whether they are a part of an heretofore unknown fossil monster. The results of our own conclusions, as well as those of our professional neighbors, will hereafter be published. All persons having a taste for comparative anatomy, should commence the study of these astonishing remains, as well as those of the mastodon on exhibition in Franklin street.

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*Petrified Human Body.*—At the Marlboro' Chapel, in this city, there is now to be seen the unpleasant sight of a human body brought out of the grave; but though loathsome to the eyes, it is not offensive from any odor. It is said to be converted into a kind of lime-stone, and that when struck with a metallic instrument, both the resistance and sound are like those on striking a stone. Just over the thorax, percussion evidences a cavity. Being tightly screwed up in a box, there is no way of proving the assertions of those most interested in the receipts. If it could be sawed open, or any inspection be allowed of such parts as would not mar it as a whole for the purposes of exhibition, the question would speedily be decided whether there is a complete petrification—that is, an exchange of particles of animal matter for those of lime—or whether there is a simple friable incrustation of stone. How on earth the show, thus hermetically sealed and secured beyond the reach of touch, is to subserve

the cause of science, is more than we can divine. The body is that, says the bill, of "Mrs. Morrison, who was born in Scotland, 1751. She was remarkable during her life time, for the enjoyment of good health, and was very corpulent. She died suddenly in 1824, at Berthier, Canada East, aged 70, and was buried in the ordinary manner in a clay soil. The body was exhumed with several other bodies in June, 1844, for the purpose of making room for the enlargement of the village church. In texture, it resembles soft sand stone, and is of much the same specific gravity."

*Fossil Human Bones.*—It is stated in a late No. of the Madison Banner, on the most reliable authority, that a person in Franklin county, Tenn., whilst digging a well, a few weeks since, found a human skeleton, at the depth of fifty feet, which measures eighteen feet in length. The immense frame was entire, with an unimportant exception in one of the extremities. It has been visited by several of the principal members of the medical faculty in Nashville, and pronounced, by all, the skeleton of a huge man."

So much for the popular version of the story. Will Dr. Buchanan, or some other gentleman of the profession in Nashville, furnish us with the facts, if there is anything in the matter worthy of notice.

*Appointment in the New York University Medical School.*—A correspondent has no doubt, from the present appearances, that the number of students in the University School, New York, will exceed 400 the present term. Dr. Wm. H. Van Buren, of the U. S. A. Medical Staff, who has been a highly respected officer in the Surgeon General's office, at Washington, has removed to New York—having received the appointment of Prosecutor in this same institution, and he will unquestionably, therefore, resign his surgeon's commission. He is an acquisition to any institution, and this is said on our personal responsibility. His accuracy, assiduity and perseverance, the elements of fame, cannot fail of gaining for him, ultimately, in New York, that distinction which results from a vigorous determination to use these acquirements for a good purpose.

*Dr. Harrison's Elements of Materia Medica and Therapeutics.*—It is presumed that these two large octavos, to which reference was made last week, present a fair exhibition of Dr. Harrison's talents as a writer, and teacher in a medical school. Those who are most active in their researches for remedies, cannot hope to make many or brilliant discoveries. The whole domain of the earth's surface has been ransacked for undescribed remedies, and the latest authorities can therefore present little more than old matters under new aspects. With respect to the *modus operandi* of medicines, there will be as many opinions as there are individuals to reflect upon the subject, so that there will never be a dearth of theories. It is only by proposing some new view or modification of those already abroad, that any distinction is acquired by a person who writes upon the action of medicines. In the classification of such articles, as are admitted to be antidotes to disease, there is vast room for a re-arrangement; yet it is doubtful whether any such classification will be generally acceptable to those who prescribe medicines or comment upon them.

From the sixty-fourth page to the end of the first volume of Dr. Harri-

son's work, we find much to admire. The second volume is more massive in its dimensions, and the topics to which it is devoted are those of peculiar importance. First, *bloodletting*—about which there are as many theories as visible stars in the firmament—constitutes one chapter. Emetics follow; next cathartics; enemata, &c.; and the 5th chapter embraces excitants, stimulants, anti-spasmodics, tonics and astringents; 6th, restoration of the secretions, diaphoretics, diuretics, expectorants, emmenagogues and anthelmintics; 7th, anodyne or narcotic indications; and lastly, chapter 8th, revulsive indications. These volumes exhibit Dr. H. as a man of industry, and an exact reader of other men's books, and this is much in praise of an author in this epoch of touching and going over the highways of science. He is one of the western pioneers in medicine, who shows by his own personal activity and research, that the elements of medical science may be cultivated in the fertile regions beyond the Ohio. Something else must be forthcoming from the same source. It is quite unnatural to suppose that the wings that have borne him safely and triumphantly into public favor as a writer, are to be folded up and never spread again.

*Medical Miscellany.*—Dr. John Pierce, of Edgartown, Mass., is a candidate for the State Senate.—A New York editor speaks out loudly in praise of a new kind of practice, called the *chrono-thermal system of medicine*.—The American Institute, New York, has awarded silver medals to Mrs. Sarah P. Mather for a sub-marine telescope, S. B. Smith for electromagnetic machines, B. Pike, Jr., for a galvanic battery and apparatus for decomposing water, and J. W. Bassett for artificial teeth.

TO CORRESPONDENTS.—In addition to communications before acknowledged, others have been received from Dr. Williams of Phoenix, N. Y.; Dr. Allen, of Middlebury, Vt.; and Dr. Howe, of Cambridge—each of which will be published in its turn.

DIED.—At Montpelier, Vt., Dr. Edward Lamb, 74.

Number of deaths in Boston, for the week ending Nov. 8, 54.—Males 31, females 23. Stillborn, 2. Of consumption, 12—smallpox, 4—disease of the heart, 3—scarlet fever, 1—pleurisy, 1—typhus fever, 4—lung fever, 7—diarrhoea, 2—teething, 1—hooping cough, 1—infantile, 3—rheumatic fever, 1—delirium tremens, 1—palsy, 1—inflammation of the bowels, 1—disease of the liver, 1—disease of the bladder, 1—intemperance, 3—old age, 2—hemorrhage, 1—croup, 3.  
Under 5 years, 16—between 5 and 20 years, 6—between 20 and 60 years, 24—over 60 years, 8.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

| Oct. | Therm.        | Barometer.          | Wind. | Oct. | Therm.        | Barometer.          | Wind. |
|------|---------------|---------------------|-------|------|---------------|---------------------|-------|
| 1    | from 64 to 78 | from 29.07 to 29.22 | S W   | 17   | from 33 to 55 | from 29.65 to 29.75 | W     |
| 2    | 49 64         | 29.30 29.45         | N W   | 18   | 32 63         | 29.62 29.65         | S W   |
| 3    | 48 76         | 29.52 29.55         | S W   | 19   | 45 69         | 29.38 29.50         | S W   |
| 4    | 54 66         | 29.57 29.62         | N E   | 20   | 47 50         | 29.49 29.58         | N E   |
| 5    | 56 63         | 29.20 29.30         | N E   | 21   | 32 40         | 29.59 29.71         | N W   |
| 6    | 55 58         | 29.26 29.53         | N E   | 22   | 21 48         | 29.84 29.68         | N W   |
| 7    | 43 64         | 29.62 29.66         | N E   | 23   | 20 58         | 29.78 29.83         | S W   |
| 8    | 51 68         | 29.54 29.60         | S W   | 24   | 33 67         | 29.57 29.61         | S W   |
| 9    | 56 63         | 29.30 29.44         | S E   | 25   | 38 56         | 29.68 29.75         | N E   |
| 10   | 54 77         | 29.34 29.40         | N W   | 26   | 30 62         | 29.74 29.78         | S W   |
| 11   | 55 67         | 29.35 29.39         | S E   | 27   | 39 69         | 29.61 29.68         | W     |
| 12   | 67 75         | 29.09 29.20         | S     | 28   | 52 74         | 29.53 29.56         | N W   |
| 13   | 50 58         | 29.29 29.59         | N W   | 29   | 57 74         | 29.38 29.43         | N W   |
| 14   | 36 67         | 29.62 29.71         | S W   | 30   | 58 74         | 29.21 29.35         | W     |
| 15   | 47 55         | 29.50 29.55         | N W   | 31   | 47 54         | 29.51 29.59         | N E   |
| 16   | 30 47         | 29.75 29.81         | N W   |      |               |                     |       |

An unusually pleasant month—very warm, dry and mild; the last ten days particularly having the character of the "Indian Summer." The fall rains have not come sufficiently to supply the earth and springs. Crops abundant, and well harvested. Esculent roots of the best quality. Range of the Thermometer from 21 to 78. Barometer, from 29.07 to 29.88. Rain, 4.41 inches.

*Internal Injury from Violent Exertion.*—Dr. Beesley related, at a meeting of the College of Physicians, Philadelphia, two cases in which anomalous symptoms, dependent, apparently, upon the injury of some internal organ or structure, occurred immediately subsequent to violent exertion.

A female, who was nursing her child upon a rocking chair, threw herself, accidentally, so far back as to endanger her falling, with the chair, backwards. In her effort to save herself and to protect the child from injury, she turned herself suddenly and violently around, and was instantly seized with a severe, sharp pain in the right side, and experienced, at the same time, a sensation as though something had given way internally. Notwithstanding the employment of anodynes in full doses, the pain continued to increase during that day and the following night; fever also set in, the abdomen became distended with flatus, and the occurrence of peritoneal inflammation was feared. Bloodletting, both general and topical, was resorted to, and the bowels of the patient were freely opened by active purgatives. Under this treatment, the pain was considerably relieved, but the distension of the abdomen increased.

Leeches were again applied to the latter, and the patient was put upon the use of a saline laxative mixture. She continued in a critical situation for a few days; but, finally, all symptoms of disease disappeared, and the patient was restored to her former health.

A carpenter, while at work, made a sudden violent exertion, and immediately experienced a sharp pain, and a sensation as if something had given way, within the abdomen. He was immediately taken home, confined to his bed, and placed under the influence of a full dose of morphia. No fever ensued; the pain, however, continued to be felt, and was referred to a single spot; by continuing the patient at rest, however, and the continued use of opiates, it gradually diminished, and in a few days entirely disappeared.—*Transactions of the Philadelphia College of Physicians.*

*Compound Dislocation of the Thumb.* By FREDERICK RICHARDSON, Surgeon, Cheltenham.—August 4th.—J. E——, aged 55, a master carpenter, came to me with the second phalanx of the thumb of the left hand dislocated, and forced through the integuments, by a heavy piece of timber falling upon it. The soft parts were much torn, and the branch of the median nerve supplying the thumb so tightly twisted over the head of the bone, that it was impossible to disengage it. As there was not sufficient hold to produce the necessary extension, I divided the nerve and removed the head of the bone; reduction was then easily effected, the wound brought together with adhesive plaster, bandage and splint applied, and the man directed to keep it wet with cold water for two or three days.

To my surprise, the wound healed by the first intention, without the least suppuration, or any unpleasant symptom; the patient was not an hour from his work, and can now use the injured thumb as well as the other, except its being a little shorter.

*Query.*—Did the division of the nerve tend to the speedy recovery, by diminishing irritability?—*London Lancet.*

A case of twins, one black and the other white, is said, in the Medical Examiner, to have lately occurred in Virginia.

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VOL. XXXIII. WEDNESDAY, NOVEMBER 19, 1845.

No. 16.

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## OF THE MEDICAL PROFESSION, AND OF ITS PREPARATION.

An Introductory Lecture read before the Medical Class of Harvard University, Nov. 5, 1845, by Walter Channing, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE professors in turn deliver the Introductory Lecture to the courses given in this school. It becomes in time a matter of some difficulty and thought to settle upon a subject for the annual discourse. I must confess I felt somewhat troubled by my election, or rather present rotation, to this office. But very happily for me, just at the time, an advertisement in one of the daily papers removed that portion of my embarrassment which the choice of a subject involved. The following is the notice referred to.

### “ A PHYSICIAN

“ Whose character, as a man and a practitioner, entitles him to respect and confidence, would, it is believed, find a pleasant and eligible situation, in a delightful country village, within a few miles of the sea-shore, where a vacancy has just occurred (one of the physicians having relinquished practice there). A middle-aged, married man, one who has had *experience* in his profession, is *well read*, *careful* rather than *scheming*, and of unquestioned *integrity*, and who can furnish good references, can ascertain further particulars on application at this office.”

In this sentence, short as it is, lies wrapped up much for the thought of him who is about to make preparation for medical practice. The world over, the physician in some shape or other is advertised for. There is doubtless a reason for this. In Law and Divinity nothing of the kind prevails. The young clergyman is invited to settle, and the choice is determined by the sectarian views he may hold. The lawyer passes his examination, enters the bar, and takes his office in such place as he may be eligible to by his previous education. But the physician may be advertised for. He reads the advertisement, he asks himself how far his qualifications correspond with the requirements, passes a favorable judgment, and offers for the place. Sometimes, not only his predecessor's patients are in the market. His house and barn and land, his horse and sulky too, are included in the “good will,” and so a demand is made upon his pocket as well as upon his mind. I have no information to offer in regard to the results of such demands, and of such supplies. We may infer that there are conveniences in the arrangements, or it is not likely they would be so frequently made. In the notice placed at the head of this



lecture, specific qualifications are given. The physician who would fill such a place must have already filled some other, and have done this very acceptably too, for he must have built up character there. He must have received confidence, too, it may be a large one. The age is prescribed. He must be married. A William Hunter, or a John Haighton, among the foremost men of their age as they were, such men would not have met the demand. He must have vigorous and well-cultivated moral and intellectual powers. He is to be well *read*; italicized; and *careful* rather than *scheming*, of unquestioned *integrity*, and is to bring vouchers for all these things, and some others.

And now for what has this medical paragon done so much for himself and for others in the view of the advertisement? And to what region is he to be *transported*, if he accept the call? I do not use the word *technically*, whither is he to be transported, should he accept the very modest and very flattering invitation? I quote the answer, for the advertisement has one. Where? "A delightful country village, within a few miles of the sea-shore, where a vacancy has recently occurred (one of the physicians having relinquished practice there)." You see there is no assurance whatever that he will ever get a patient in that "delightful village." O, no. He goes there to fight that he may reign. He who has recently "relinquished practice there" may have never had any, but has lived in that wide domain of hope, has enjoyed to satiety that *lucus a non lucendo-ism*, which are the occasional experience of the medical man in other "delightful villages within a few miles of the sea-shore"; and in the crowded city, too, though built upon "the beached verge of the salt flood." At least our *advertisee* will find competitors who it seems have too good a foot-hold voluntarily to quit, and who will hardly leave, simply because somebody else has been invited to enter upon the village practice, and into their own proper labors.

Let me, then, in view of the advertisement which is my subject, speak,  
First, of the Medical Profession.

Second, of its Preparation.

Let me speak of the Physician—of his office—of his duties—of his social value. He is in the market, let us see what he is worth.

Of the Medical Profession some judgment may be made, out of extra-professional opinions of physicians. Cicero says of them, that in nothing do men so nearly resemble the immortal gods as in giving health to men. In his *Life of Dr. Garth*, Johnson says, "I believe every man has found in physicians great liberality and dignity of sentiment, very prompt effusions of beneficence, and willingness to exert a lucrative art, where there is no hope of lucre." They were palmy days of the profession when these men lived. In the age of the orator, medicine had not lost its connection with the popular faith. The hospital was a temple in which presided a god. The votive tablet contained the record of the patient's case, and this might be consulted by every body. The religion of the time was the handmaid of medicine, and the physician was held in reverence by the people. And so in some sort was it with him in the time of the British moralist. The medical history of that day shows

that the profession was in great honor. The physician had an important place in society, in the literature and the science of the time. He had public and private duties to perform. He was a minister of the public health as well as a private practitioner. His education, his long apprenticeship in the first place before he could be admitted to the lesser places of the profession, his seven years noviciate in these before he could reach the highest, and then the severe examinations to which he was obliged to submit, before he could enter these—the whole which the age demanded of its public servants established a claim to the public confidence and respect which was generously allowed. And see to what individual excellence and greatness the requirements of the time led, or which they directly produced. When has medicine numbered so many, and such names, among its members as then? When was the profession held in deeper regard? That age has impressed itself upon the succeeding times. The impulse then given to the collateral sciences, as well as to medicine itself, has never ceased to declare itself in the succeeding history. Chemistry, botany, comparative anatomy, have each had a regard, and from the best minds too, which have placed them in the highest ranks of intellectual interests, and much which has been done for each and to all of them in this way, has been done by physicians. We cannot look back to the time more particularly referred to without being struck with its moral and intellectual activity; and do we not come from our study with deep feelings of honor and gratitude that so much was then done for the medical profession, and for the race. We are no longer surprised at the personal respect, too, which medical men received—how much their opinions were valued, and how widely useful they made themselves. Johnson had a special reason for the elevated views he entertained for physicians. He was *the* man of his age. He exercised an extraordinary moral and intellectual power. He received a wide homage. Our profession gave to him its very best care. He had the willing service of its ablest members. I say emphatically willing, and let me add, *free*, too. They literally gave him their time and their best skill. They felt honored as well as happy to minister in all love and honor to the physical infirmities of one who had given his life to his own time, to its truest interests, and whose labors and name they knew were to be the inheritance of ages long to come. Was it not to their great honor that for such a man they so cheerfully worked? I always think of Heberden as most worthy my respect, when I see him without “view to lucre” giving his noble endowments, his large skill, so freely, so cheerfully to such a man! I honor my profession that in its members it has cherished such noble sentiments, has manifested so noble a life.

While thinking of such facts in our professional history, and seeing in them its true character, the civil position of medical men, their relations to the state as showed by the public distinction it bestows on them has occurred to me. In foreign countries, where titles of distinction are given for distinguished public services, upon medical men, and the same is true of the greatest in literature and science, titles of the most inferior rank only are conferred, and as the social position they lead to, involves

no expensive outlays for its support, grants of money or of lands never go with them. The highest rank bestowed by royalty in Great Britain on science and literature, is that of a Baronet. It is often only that of a Knight. On the Continent, it is that of a Baron, in France the lowest, in Germany so low that it is bestowed upon almost every body. I do not refer to this in the spirit of complaint. It certainly touches not us where the distinction is to have no title. But it is quite curious to observe the scale of estimation which prevails where titles are thought to be something. The highest title to which a subject can reach, is accessible to the military man. Nay more, he may be placed quite near to the princes of the blood royal, by the highest patent in the gift of the British constitution. The clergyman may and does become a Lord, a spiritual one indeed, but having quite marvellous physical or political functions. The lawyer too not only may become Lord Chancellor, an *ex officio* title appertaining to a certain judicial position, and service, but how often out of his profession are peers created, transmitting their rank and their power to their families. Seventy peerages have been created from the legal profession. Not only are such orders of the state ennobled, but they get from the power which ennoble them the means to support their high rank, and these means, namely money and lands, cannot be alienated for debt, or by will, but descend too with the title. How different all this with literary and scientific men! Newton, the light of his own age, and of all times, was made Knight only as if in ridicule of his great mission to the world. Davy had a barren sceptre put in his grasp, for he had no son to succeed to his poor nobility. Scott, who filled the world with his mind, and his fame—he who was not behind the chiefest of the apostles of a noble literature—Scott was honored with the meagre hand of a parsimonious royalty, and in the changes of fortune which a trade in mind involved, and into which he felt he was obliged to enter, more than his life half spent, he was left by Crown and nation, to begin life again, and to force his mind to accomplishments by which to pay his debts; which labor at length broke down that which did it, and sent him to his grave. What a noble work was that! How much more than a whole dynasty of kings ordinarily does! Do you not rejoice that it is impossible to reward man for his best works; and that the state which does the most in this regard, does little more than to pay some reverence, do some honor to itself!

A profession is for life. How rarely do men withdraw from a profession? It is not uncommon to find those who have passed middle life or more, in other modes of using the mind or the body, or both—it is not rare to find such men who have made themselves rich, leaving their customary mode of life, and living, as it is called, on their means. Not so with the professional man, especially the physician. He stands steadily by that which in an earlier day stood by him. It has been to him the means of moral and intellectual growth. It has given to him consideration, a fair fame, honorable and honored place among men. It has been to him, too, the means of doing good, much good to others. Men have come to rely upon him. Moral and deep sympathies have

been established. They have passed from the parent to the child. They have been the legacies, the transmitted memories of generations, and have bound hearts and minds together by ties which infirmity or death only can sunder. My observation of medical men extends to nearly forty years. I do not know an instance of a man whose whole character and position have been the products of this profession who has left his post. I was a member of a committee who went to Salem to invite the late Dr. Holyoke to meet his professional brethren of the State on his hundredth birth day, that they might pay to him personally the tribute of their large honor for his professional excellence—their deep reverence for his unspotted life—their love of such child-like simplicity, such surpassing moral beauty as were his. We found him in his study reading. The work was a volume of the Transactions of the Royal Society of England. He received us with the gentle courtesy of an earlier age. He accepted the invitation, hardly thinking it worth while for one man, and he so old, to give so many so much trouble; but expressing himself as much gratified by what had been so kindly offered. I said to him that we had interrupted his reading, and asked him what work it was which was so much interesting him. I shall never forget his answer. He named the work and went on. "O sir," said he, "my memory holds so little of what I now read, and that for so short a time, that books of this day are constantly new to me. Scott's stories are always new." But of early study and thought his mind retained most vivid impressions. What, however, is most relative to my present point is this. Dr. Holyoke still belonged to his profession, and after his 100th year made a consultation visit with a friend from whom I had the anecdote. I once said to Dr. Holbrook, of Milton, then an old man, "Well, sir, I find you still at work." "O yes," said he, "I have been in the fills fifty years, and shall never get out of them."

Now look where you will, this is the universal language of the profession. Look abroad. Did Dupuytren, did Cooper, Sir Astley, did any of the great lights of their own day, and which are to illuminate all succeeding times, did they withdraw that light when it was most brilliant, and put under a bushel what was for the illumination not only of their own house, but of the world? No. They were, without a metaphor, cities set on hills, which could not be hid. They were of immense wealth. They had fame enough and to spare. But they worked on. They were unto death true to that profession under whose generous influences they had become great. Nothing could win them from that great and early love. Come home, and the same truth is told. Men here, too, give to their profession, and to their age, their time and their mind. Johnson said, a man, an old man especially, should keep his friendships in repair. A professional man does this without an effort. His works follow him in his whole career, however long, and honor him in his whole course. I have heard physicians, and those of much eminence too, say, that after such an age, or under such and such circumstances, they would retire from business. And an effort to do so has been sometimes made. But a lingering look has been cast behind. The story of the tallow chandler

has been repeated in them. He had retired from business with a large fortune, but he had made his successor promise to send for him every "melting day." He could not deny to himself the exquisite pleasure which that day for so many years had given him, and from which all men out of his profession would have shrunk with disgust. The physician does not forget "melting days."

But a profession is not only *for life*. *It is a life*. This is a fact in its history which should be brought with most distinctness before his mind who thinks whether or no he will enter upon its study, or has already done so. What do I mean when I say a profession is a life? What is a man? Terrence sees in him the incarnation of humanity. *Homo sum nihil humani a me alienum puto*. This should be the physician's motto. Man to him is the embodiment of the moral nature, with the underlying reason, the living conscience, and the directing will. He sees in him too the intellect, the understanding power, by which facts and relations are known, whose province is science in the widest acceptation of the word—which sees in man a creator, the poet, one who pretends to solve the problem of the material universe, and enters into the deeper mysteries of the spiritual being. Now look on man as we may, in the study and application of a profession his whole nature is in constant requisition. Everything to the physician has regard to his calling. And what his profession makes him re-acts upon everything else. Medicine in its immediate use applies to the individual. It is that man, that woman, that child, to whom it offers its daily aid, and for whose particular well being it hourly seeks to provide. But besides this individual office, it is no less directly concerned for and with masses of men, communities, society. The public health is its care, and so is the prolongation of life. It looks into, nay it inquires deeply into that or those things which reach in their morbid influences to the masses of men. The sanitary condition of populous districts is its care. Governments come to it for light, and for help, when the pestilence is upon the people, and cities are wasted, and whole nations are well nigh made desolate. Not only is the physical the domain of medicine. It takes care of the mind. It studies what there is in social and political institutions which reaches to and checks the growth of man's highest nature. All questions of morals, of religion, of politics belong to it. It looks at labor, the noblest fact declared by human energy, medicine looks at labor, man's work, and studies how it shall best conduce to moral and intellectual progress—when it begins to check this, and what are all its agencies in regard to physical health. Look at the late reports in England respecting labor in all its details, reports made to committees of Parliament under the solemn sanction of oaths, and learn what are the bearings of our profession upon the most important social and political interests. So too does medicine study what is poverty, its causes, its whole effects upon man and upon society, and declares its discoveries for the benefit of the people. How much has it done in one of its departments for agriculture? In our own day, chemistry, the peculiar study of the physician, is revolutionizing this widest field of human industry, and bringing into every-day operation

principles which shall be for the highest benefit of nations. It were easy to extend the inquiry and to show how comprehensive is medicine, how truly is a profession a life.

I had just closed this paragraph when I met with the following illustration of the sometimes silent but constant agency of medical inquiry in benefiting communities. In England, opposite Liverpool, a new and great city is in rapid progress. Ten years ago it contained 15,000 people, in ten more it will have 100,000. I copy a paragraph or two which bears upon my proposition. "We feel the greatest pleasure in stating," says the writer, "that, following the improved sanitary views of the last few years, they have made it one of their first cares to establish a 'park,' meaning thereby an open piece of ornamented ground for the future inhabitants of the city." \* \* \* \* "The space to be operated on was 160 acres. Sixty being set apart for building purposes, there remain 120 to be laid out in shrubberies, walks, and drives, for the enjoyment of the public forever." Says the writer, "We were delighted with what we saw here; but the satisfaction of the eye is nothing in such a case; the point really to be rejoiced in is that the ideas of men are now so far advanced with respect to the essentials of public health and conveniency, that, in preparing a new city, a park for the use of the inhabitants should have been among the first things provided for." In this same city houses for the working classes are in preparation, each having three rooms, gas and water, for £5 or about \$25 a year. Burying grounds are to be out of the city; as are slaughter houses. Everything shows in the building of this new, this pattern city, how rapid has been the progress of our profession in most important directions, preventions of disease—so making itself less and less important in the popular regard, by its wisest applications.

I know that much that has now been said may meet objections. We are told that he who devotes himself to many interests will never have wide success in any. A professional man must stick to his profession. *Ne sutor ultra crepidam*, &c. There is truth in this, but not all truth. No profession is one study. Medicine of all others is not. It admits of, nay it demands almost an infinite variety of mental activity. Look at its lights, its great and honored men, and see how in their lives they illustrated the quotation from Terrence. Haller, a high priest in the vast temple of science, was hardly less distinguished for his physiological works, than for his moral, and literary, and philanthropic labors. Hartley was a physician, and who has done more to solve that deepest mystery, the nature of man. I remember being much struck with an illustration of the doctrine now under notice, in the case of Dr. Brown, of Edinburgh, the successor of Dugald Stewart in the chair of ethical and intellectual philosophy in the University. I saw him as the daily practitioner of medicine, as faithful to its duties as if he had never done anything else. And look at that other, of the same name, Sir Thomas Browne, who left us a work on the Religion of the profession, which placed him among the chiefest writers of the Augustan age of English literature. I might easily multiply instances. I was once speaking upon this subject, for it has long occupied my thoughts—I was speaking concerning it with a



professional, a medical man for whom I have sincere regard, and who is not without the public confidence. He thought a physician should be nothing but a medical practitioner, a daily visiter of the sick. "My party," said he, "settles the question for me of politics and the candidates for my vote. My clergyman does the same thing for my religion. I do nothing but practise, and my sole thought is how that may be best done." Now if there be radical comprehensiveness, here is an instance of radical exclusiveness. What is the natural, I do not say necessary, tendency, of such views of professional duty, or life? Is it not daily to contract more and more the sphere of intellectual vision, until nothing will be seen that is not in nearest proximity to the mind, until practical professional life falls into that melancholy routine which looks for nothing better, since it can tolerate no change?

I have sometimes thought that the want of intellectual activity, noticed by some, in men of mechanical occupations, might be explained by their devotion to some one mechanic art. How little occasion for thought, how little for conversation, in the every-day pursuit of some one labor. Perfection is soon reached. The education is completed when the apprenticeship is over, and then, for life, what demand on the individual remains but a certain amount of physical power put forth in the same direction, with a settled amount of intellectual effort, and a volition so slight as scarcely to be noticed. If we look for exceptions, such as are furnished by such men as James Brindley, James Ferguson, and James Watt, we find even these men devoted to the business or trade with which they began life—Watt developing the powers of steam, Ferguson making important discoveries in mechanics, and Brindley doing the same thing in regard to the mechanical uses of water. And finally, we meet with these very persons taking their honored place in history along with that noble army of self-taught men who fill the chapter entitled the "Pursuit of Knowledge under Difficulties."

Sometimes the profession has been regarded as a luxury, and fashion even has not unfrequently settled the question of individual reputation. Said Lady B. to Lord B. one morning, "the nurse tells me that the infant has had a bad night, and refuses the breast." "Send then for Sir H. H. my dear. By the way, A, B, C, D, E, and F, will dine with me to-day. Tell Thomas to be sure to get a salmon. The Doctor likes salmon, ask him." "But, my dear, suppose there is a division to-night, and a call of the House, what can I do with this dinner party, and a child so ill?" "Why Sir H. H. will be here, and so the child is cared for, you know, and then, I will put him in my place at the table, and if they go when I am called, why I save my champagne, you know." Here is the luxury of the profession. In itself how important is its office, for it takes all the responsibility; and for collateral capital, at a pinch, how much may not be made out of it. But it was called fashionable, or it was said that the physician may be amenable to this power in society. Abroad this is quite remarkable. By or through fashion, men of not remarkable powers or attainments, at least men who have done comparatively but little to promote the true progress of medicine, reach to the highest present

fame, and distance all their competitors. The extremes of manner, of address, of personal antagonisms, have determined the question of celebrity. Sometimes a coarse exterior and very rough manner have carried the point, while at others, the opposite have been in the ascendant, or what is more curious, men have lived at the same time and in the same city, as opposite to each other as possible, who have just divided the great or fashionable world between them, leaving their cotemporaries to stare at such similarity of effect, from such diverse causes. I could give illustrations of this in the earlier medical history. They belong, too, to our own day. A London physician has lately died who belonged to the class of high manners and high fashion, and, said one of his patients in a most extraordinary and extravagant expression of regard for him, I would have sooner died under the treatment of Sir Harry, than to have recovered in any other medical man's hands. There is at this moment a practitioner in London, not known hardly as having done anything for medical science, or literature, who has been for some time, and still is, at the very head of his profession, filled as it is with most distinguished men, and who has a business so crowded as hardly to leave him breathing time. Turn from this to such men as Sir Charles Bell, knighted as he was, as a reward for his noble works for his calling, but who died a pauper, living on public charity, and whose family would now be beggared by its discontinuance. Was not C. Bell a faithful cultivator of a field worthy such culture? Did not his earlier works on Anatomy and Surgery, and his great and distinguishing one on the Nervous System, lying as it does at the very foundation of a true pathology—did not his splendid work on the Anatomy of Expression, and that greater one the Bridgewater Treatise—did not, I ask, all these, and other unnamed works, speak daily to the fidelity of Charles Bell to his profession, and claim for him so much of public favor as would have saved him from the pension list? There are causes behind, and which lie deeper than the fidelity adverted to—than the large endowment, and its laborious cultivation—there are causes besides these which often do much to determine present professional success. I would inquire for these, were I sure of getting an answer that would avail the student anything. They are doubtless in the man, quite as strongly marked as in the society in which he lives. He may be wholly unconscious of their possession, and wonder at his own success. They may be such as another might imitate, could he discover them. They may be such as men should, and true men would shrink from, as from moral pollution!

[To be continued.]

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#### DR. ELLSWORTH'S PRIZE ESSAY ON SCARLET FEVER.

[Continued from page 297.]

ANOTHER remedy I have used some of late, is the *iodide of potassium*, but am not fully satisfied where it is best indicated. It was first suggested in the London Lancet. The first case in which I used it was that of a negro child, and so speedy was the recovery that I hoped an important

discovery had been made. But it is a most singular fact that the negro population, of the North at least, are but little susceptible of this disease, and when they do have it, it is very light. Although there is a large negro population in this district, I can recall to mind but two cases of its occurrence, and no death among them. The statistics of the city of New York show that they have a comparative immunity, the proportion when compared with the amount of population being immeasurably against the whites. Since that time I have not been as well satisfied as to its efficacy : it has generally been given for the purpose of developing the rash when this has been too tardy. Iodine certainly possesses considerable power of stimulating the skin ; a patient now under my care, always, upon taking iodine, breaks out with small pustules upon the face in a day or two after commencing it. It also operates powerfully on the kidneys ; one of my scarlet fever cases passing water ten times in one day, each time the urine being large in quantity and very clear. One of our physicians has found benefit from it where there is a sort of chronic enlargement of the tonsils and glands of the neck, in the second stages of the disease.

I believe sweet spirits of nitre acts quite as much through the kidneys, as in any other manner, in removing febrile action : it is a mild, safe, and somewhat useful article in this disease ; it is the only remedy which need be used in many cases, particularly when sporadic.

*Opium* I have tried in various combinations, and as a general thing do not like its effects. A physician, living not many miles distant, tells me that he has found the worst cases of coma in scarlatina yield to its free exhibition. This is bold practice, and although not deterred from its use by fear of inflammation, I should prefer to see its results before recommending it to others. In small doses it does not seem to quiet irritation or produce refreshing sleep.

*Capsicum* is unquestionably one of the most important remedies in the management of this disease ; an article whose general use now, illustrates the illusory views formerly entertained by pathologists respecting the nature of inflammation. For a period I was entirely opposed to its use in all such diseases, from this mistaken view ; but experimenting upon myself and seeing its utility, I have since freely employed it, and with increasing confidence. It is one of the best applications to the throat, particularly before ulceration. We are indebted to Dr. Stephens for its introduction into practice ; he was in the habit of using it internally as well as by way of gargle. We have restricted ourselves too much to its local use ; as a general remedy we should find it still more beneficial. The method I adopt is, to make an infusion as strong as the patient can swallow, either alone or with salt and vinegar, as recommended by Stephens ; this last is, however, too fiery for infants as a general thing. Gargling is an extremely unsatisfactory way of applying it to the throat, as little or none passes behind the palatine arches, which close down against the root of the tongue, allowing only a little passage of air. If the fluid passed behind these it would run down the œsophagus, notwithstanding the upward current ; even the tonsils are not bathed. It should

be used with a swab, or half a teaspoonful, very strong, occasionally swallowed. This, distributing itself over the upper part of the throat and œsophagus, does not enter the stomach and excite nausea as a larger draught might do, when taken thus strong. There will be found a vast difference between this method and the gargle, and I earnestly recommend its trial. In mild cases of fever this strong infusion is not needed; in very severe ones it will not be felt unless given hot and with spirit. Pepper acts rather upon the stomach as a local stimulant, and directly or indirectly upon the nerves of animal and organic life, but principally, I think, upon the latter; its general effects being infinitely less than its local, and it is totally different from brandy in its operation. The pulse is but little quickened, becomes fuller, and when very rapid frequently slower; in rousing the system in its torpid state it is invaluable. In the administration of the lobelia emetic, which by itself sometimes produces extreme prostration, the Thomsonians combine capsicum, which prevents that effect by invigorating the stomach. A poet has said, "fools rush blindly in where angels fear to tread." Now I don't mean that all empirics are fools, or all doctors angels, but that the experiments which have been tried for us by persons knowing, many of them, but little of physiology, and governed by mere theoretic principles, some of which have not the slightest foundation in fact, have shown the medical profession that stimulating, particularly with capsicum, is not as hazardous as has been generally supposed, especially in this disease.

When the fever has run on a few days, and there is great restlessness, wandering of mind, frequent small pulse, we shall find the following mixture extremely useful. R. Carb. ammon., ʒj.; g. camph., ʒj.; g. acac., ʒj.; aq., Oss. To a child of 10 years a tablespoonful may be given, *pro re nata*. Ammonia has been thought to control this fever specifically; it does it only as a local and general stimulant. Ammonia, at least the acetate, has been found to facilitate the progress of the blood through the capillaries. The acetate, in combination with syrup lemons and dulc. sp. nitre, has long been a favorite with me.

The following, called the chlorine mixture, has been highly praised. R. Chlo. potass., ʒij.; dissolve in ʒij. hydro-chlo. acid, dilute with ʒij. aq. dist., put in a stoppered bottle and keep in a dark place. When used, put ʒij. in Oj. of distilled water; the dose is from one to two tablespoonfuls. This I have not used. It is intended to act chemically on the blood, and is adapted particularly to typhoid states of the system. Several of my friends, who have used it, are hardly able to tell its effects; we may suppose, then, it is not decidedly beneficial.

It is necessary to remark upon the most troublesome of all the affections, the *sore throat*. The reason has been given why the throat should be so generally attacked; now, how is it cured? A strong liniment, or turpentine, is applied to the throat on flannel, and there retained as long as necessary to produce redness. Stephens's pepper tea is given as described above, from the very commencement of the disease, or as soon as redness is seen in the throat. If the patient is an infant, a little is poured into its mouth from a spoon, and when the fauces are particu-

larly swollen it should be thoroughly applied with a swab; the gagging of the child causes its more effectual application. If the child will open its mouth, powdered burnt alum is sometimes thrown in, or a swab dampened may be dipped in it and freely applied to the tonsils; either of these methods will almost always be sufficient. But if ulceration occurs, a strong solution of nitrate of silver should be substituted. There is little danger of its being too strong. I generally use from six to twelve grains to  $\mathfrak{z}$ j. aq.; in bad cases twenty would do better. Elliotson highly praises sol. chlo. sodæ,  $\mathfrak{z}$ j. to Oss. aq. I have rarely used it, preferring the remedies above mentioned. The fact is, the throat, though but an index of the state of the system, has such connection, that if disease here is controlled, we shall stand a better or rather a good chance of saving the patient. When it is very sore, and attended by acrid discharge from the nostrils and sordes on the teeth, we shall be pretty certain to find, sooner or later, cerebral symptoms, and we must especially regard this complication.

Many cases will be relieved by the application of leeches behind the angle of the jaws; but they must be used with discretion, and the flow of blood stopped if there is increasing rapidity of pulse, sense of faintness or coldness. Poultices are always advisable, and should be applied from ear to ear after the rubefacient, and they may be depended upon to give much relief; bread and milk may be used, and not a bad one is that which the Irish like, made of boiled potatoes mashed, and applied warm, as it retains heat and moisture a great while from its closeness of texture, being in this respect much superior to wheat. There is another singular application which has obtained considerable reputation in the neighborhood of Boston, namely, a poultice of oakum and spirit. It is said there is no danger of external abscesses on the neck when this is used. From its nature it appears to me that it may be useful, as besides the soothing effects of warmth and moisture, the exclusion of air, &c., we have the stimulating influence of the turpentine, making an application not unlike what Mott so strongly advises for bruises and sprains, warm vinegar and wormwood. I have often seen the patients in one of our large almshouses using oakum as a discutient.

With these remedies I believe we shall be able to accomplish all that can be done by local means. The general state must at the same time be carefully regarded, and we shall be enabled to control any inflammation likely to develop itself. A proper order in their use is requisite, for sometimes all the rest fail unless a little blood is taken first by leeches. When the nares are so obstructed by swelling that air passes through with great difficulty, and a snuffling sound accompanies every breath from copious effusion from the membrane of acrid fluid, the same treatment is necessary; but in addition, some of the washes, particularly the silver, should be thrown up with a syringe, using only a very little if the infant is young. I have seen such bad effects from blisters, that I am disinclined to their application on very young infants. Dr. Woodruff, of New Britain, who passed through a very severe and destructive epidemic a year since, told me he found, under such circumstances, a mixture of tinct.

myrrh and carb. potass., taken internally, of signal efficacy ; the mixture was made as strong as possible. It is probably a useful remedy, stimulating both the throat and whole alimentary canal, the mucous membrane of the lungs also, the potass. acting on the secretions of the bowels and kidneys, and correcting the acid state of fluids present.

Sometimes, after the disease has progressed mildly, the throat will swell a second time, or if it has not before, will now become so, and an intense fever arise or the patient sink in collapse. This seems a secondary fever, a little like the secondary fever of smallpox. These cases do not require a tonic treatment, as might be supposed from the stage and time of attack, and even bear general and local depletion better than at an earlier period. Colchicum will here be found very useful. Diffusible stimuli may be required if the patient is really weakened by the progress of the disease, or any other debilitating cause, except the direct action of the poison on the system, in which latter case the acrid stimuli will be found superior. Diffusible stimuli, given without judgment, are perhaps almost as injurious as injudicious depletion ; the acrids are not capable of equally bad effects under similar circumstances. As a general rule, the typhoid state is to be managed much as the same condition in common fever.

Suppuration of the tonsils and glands behind the jaw, not unfrequently give rise to most troublesome and even dangerous consequences. The following case fell into the hands of Dr. Woodruff, of New Britain. An abscess had opened behind the jaw. One day Dr. W. had nearly reached the house of his patient, when the mother of the child cried for him to hasten, as the patient was bleeding to death. He ran in and found a torrent of blood pouring out in rapid jets from the opening. Without delay he plunged in his fingers to the bottom of the wound and compressed the artery. Having no other styptic at hand, he seized a bottle of creosote, dipped a large piece of cotton into it, without regard to quantity, supposing the child must die at any rate, slipped the cotton under the finger, then gradually introduced one and another morsel until the cavity was completely filled. He proposed then to the father to send to the city and get some one to tie the carotid, but the father opposed, saying the child must die at any rate, and might as well die as it was, as cut to pieces ; a true Irish sentiment (he was an Irishman). Dr. W. then told the man to keep his finger on for twelve hours, and not remove it until his return ; at the end of this time he allowed him to ease up, and as no blood appeared, to take it off. Next day, for some reason or other, Dr. W. removed the plugs entirely, yet there was no more bleeding, but the carotid (external), eaten completely off, stuck up in the bottom of the wound with open calibre. The child recovered, and extremely slight pulsation can be detected in the temporal and facial arteries of that side, although a year has elapsed. This case proves the great styptic power of creosote, and also that as a remedy it is less dangerous than has been supposed, for Dr. W. put in a very considerable part of a teaspoonful. Dr. Welch, of Wethersfield, lost a case from ulceration of one of the jugulars ; the case was the more remarkable, as it was



from a second attack of scarlatina. Other similar cases are frequently seen reported in the medical journals. These terrible accidents are, however, comparatively rare, considering the frequency of abscesses and their deep situation. When suppuration occurs, it is to be treated on general principles; the great point being to prevent its taking place, a thing generally accomplished by the treatment recommended above. When these swellings become indurated, iodine internally and externally will be very useful, particularly the iodide of potassium.

[The conclusion is unavoidably deferred till next week.]

#### THE BI-LATERAL OPERATION IN LITHOTOMY.—OSTEO-SARCOMA.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—I was gratified with the opinion given some while since in Dr. Hays's Journal, by that eminent surgeon, Dr. J. C. Warren, of your city, in favor of the *bi-lateral* operation in lithotomy, and the statement that he had practised it much to his satisfaction in the two cases in which he had tried it.

Within the last fifteen months I have operated in this method upon five patients, all of whom recovered speedily. The last, a gentleman of 38 years of age, was able to leave, by boat, for his home, 150 miles distant, on the 19th day after the operation.

With a scalpel rather narrow, I make the superficial incision crescentic, with its convexity anterior, and cut upon the staff at the usual place, the membranous part of the urethra. I then pass a straight, probe-pointed, narrow bistoury, its edge turned towards the left side, along the groove of the staff into the bladder, and slide the point of the left fore-finger upon the back of the bistoury, pressing it upon the prostate to cause a division of that body sufficient to admit the extremity of the finger into the bladder; the staff is then withdrawn, by an assistant, and the prostate further divided if necessary. The finger is then rotated, so as to bring the palmar surface of its point to rest upon the right side of the prostatic portion of the urethra; next the bistoury is turned, and the right side of the prostate divided, *ad libitum*, under the guidance of the finger. The stone is then extracted; if small, with the scoop—if large, with the forceps.

This mode of making the section of the prostate is to be preferred to that which is done by Dupuytren's double-bladed, concealed bistoury, as the blades of that instrument are so slender as to yield considerably, making a section of the parts less in extent than the distance between the edges of the blades when projected from their grooves, and still narrower if a little dull than when sharp. If, previously to the operation, a satisfactory estimate of the size of the stone has been gained, the deep section of the parts with the straight, probe-pointed bistoury, guided by the finger, may be made in conformity with that estimate. When a large stone, in being extracted, hangs in the prostatic or muscular opening, the latter of which is probably the most common, a

narrow, straight, sharp-pointed bistoury may be carried along each blade of the forceps in succession, and the tension relieved. I am in the habit of leaving a piece of elastic gum catheter in the wound for two days, to give a sure outlet to the urine.

The bi-lateral operation for stone has an advantage over the lateral in giving greater security against injury to the rectum and the pudic arteries; and in exposing not at all the vesicular seminales and the plexus of veins at the neck of the bladder, as the lateral does, when the deep-seated section of the parts is made to correspond in direction with the superficial incision. On the whole, I regard this operation as far more safe than any other operation in lithotomy which has yet been invented.

In a case of osteo-sarcoma of the lower jaw, I have recently removed more than one half of that bone, and disarticulated it without dividing the duct of Steno or the facial nerve. By leaving these parts untouched, the risk of a salivary fistula was avoided and the symmetry of the face preserved—objects of some importance to the patient, a young lady, whose beauty, which had been often spoken of, was but little impaired by the operation. The wound was *entirely* healed in two weeks.

In a case of osteo-sarcoma of the os humeri and the scapula, I removed, in July, the arm and the entire shoulder-blade, with the acromial half of the collar-bone. The patient, a man 36 years old, left for his home in two and a half weeks with the wound healed, except that two ligatures upon arteries remained. This patient has lately written me that he enjoys fine health, better than he has had for several years. The disease commenced more than three years ago, and at the time of the operation presented, just below the shoulder-joint, a tumor about twenty inches in circumference.

Yours truly,

Cincinnati, Ohio, Oct. 17th, 1845.

R. D. MUSSEY.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 19, 1845.

### NEW MEDICAL WORKS.

*Manual of Auscultation and Percussion.*—Notwithstanding the multiplication of these guides in practice, they are none too numerous. If the simple rules laid down in this or any other similar production enable us to prescribe with certainty, from a knowledge of the real condition of interior organs obtained by auscultation and percussion, the achievement is one that should interest all intelligent practitioners. The Parisian physicians are accurate observers of the diseases of the chest—and by them auscultation has been reduced to an accurate science. The little work to which these observations have particular reference, is of French origin, being, as the preface declares, a *Resumé* of the second edition of Barth and Roger's treatise, with the addition of a new series of remarks on percussion. The translator, Dr. Francis G. Smith, of Philadelphia, has incorporated such additional matter as he thought might enhance the value of the

whole. Auscultation is explained, general rules are laid down, and each sound that the ear recognizes, in exploring the thorax, is completely illustrated. Published by Lindsay & Blakiston, Philadelphia.

*Manual of Diseases of the Skin.*—Every one conversant with the numerous forms of disease to which the skin is incident, will appreciate a book that explains the true character of each form, and especially so, if the means of cure are also indicated. Messrs. Langley, of New York, have brought out a small treatise, well known in the French language, written by MM. Cazenave and Schedel, to which notes and additions were prefixed by Thomas H. Burgess, M.D., in England, and now revised and corrected, with additional notes, by H. D. Bulkley, M.D., a reputable lecturer on maladies of the skin in New York. Thus much for the origin of the Manual. Its very compactness is a strong recommendation, since it costs but a trifle, and therefore is perfectly within the means of all who are ambitious to prescribe understandingly in this perplexing field of practice. It is worth recollecting, in regard to the bibliography of this department of practical medicine, that some of the most costly works known to the profession, are in reality of no more value in aiding to a successful result, than this unpretending manual.

*Animal Chemistry.*—An important subject, and one requiring the highest order of intellect to treat with that faithfulness to which all must acknowledge it is eminently entitled. Dr. J. F. Simon, of Berlin, a man eminent in the science, is the author of a work entitled "Animal Chemistry with reference to the Physiology and Pathology of Man." A translation was made in England by Geo. E. Day, of the Royal College of Physicians, and Part I. has been re-published at Philadelphia by Messrs. Lea & Blanchard. It is apparently a book of a high order, addressing itself to men of enlarged views. A vast catalogue of topics are discussed. In that division which embraces the circulating fluids, the learning, patience and profound attainments of the author are exhibited. Whenever the second Part appears, we shall resume our observations, and endeavor to do the whole that justice which it should receive from all.

*Anatomical Remembrancer.*—One of the handiest pocket conveniences imaginable, for a medical student, while attending lectures, is a little work called the Anatomical Remembrancer, not much larger than a rich man's wallet. It contains a concise description of the bones, ligaments, muscles, viscera—the distribution of the nerves, bloodvessels, absorbents, &c. This is the first American edition, published by S. S. & W. Wood, New York. By carrying one of them in the cuff of a coat sleeve, the wearer, without much effort, by consulting it often, would soon become quite familiar with many difficult points in anatomy.

*Urinary Deposits.*—There was a period when those who pretended to form a judgment in regard to the diseased action of the body or any of its individual organs, from an inspection or analysis of the urine, were the laughing stock of the faculty. At this time, however, urinary deposits, their diagnosis, pathology and therapeutical indications, are recognized as being worthy of careful observation; and, in fact, it is impossible to keep pace with the onward advancement of practical medicine, without studying this sure, but much-neglected, or rather over-looked, method of investigation. Men of the right qualifications have reduced the signs of incipient disease almost to a certainty, by examining into the chemical character of some of the urinary deposits. A neatly-printed, methodical

book, on this subject, by Dr Golding Bird, a well-received lecturer at Guy's Hospital, recently published, is divided into eleven chapters, in which are embraced all possible points that can interest the practitioner.

This, as well as the works above mentioned, may be found at Ticknor & Co.'s, Washington, corner of School street, where medical gentlemen can well be accommodated from the large and choice variety of medical and surgical books on sale.

*A Complete Treatise on Venereal Disease.*—A copy of the most elegantly-illustrated work on the venereal disease, which has ever been published in this country, was received from New York last week. It was written by William Acton, of the Venereal Hospital, Paris, with additions and colored plates, and is from the press of J. R. Redfield. A synopsis of the contents, with observations upon the merits of the treatise, will appear as soon as it has been thoroughly examined.

*Compound Catheters.*—Instead of the long silver male catheters, of the olden time, in shape the worst things imaginable to pack away in one's pocket, they are now very generally made in two pieces—the shaft being separated in the middle by a lock clasp, so there is no danger of being separated while in the urethra. By sliding on another fashioned portion, it is at once converted into a female catheter; or, by undergoing a further modification, becomes something else, quite convenient in manual surgery.

*Manufacture of Salt, Lard and Oil.*—Among other matters of interest alluded to in the Annual Patent Office Report, in the department immediately under the eye of Dr. Paige, notice is taken of an important improvement in making common salt, for which a patent has been granted. It consists in heating the brine at the surface instead of the bottom of the boiler.

Dr. Paige, who is a close observer, notices an ingenious improvement, also, in the preparation of lard oil, for which the inventor has taken out letters patent. Solid tissues, containing fat, are subjected to pressure, before trying out. Both lard and oil produced in this way are sweeter and purer, and will keep much better under any modification of climate.

A foreign patent has secured to its possessor an ingenious way of purifying oils, by passing air through the mass when in a heated condition. For soaps, particularly, it appears to be a valuable improvement.

*Leprosy in China.*—Cutaneous affections, says Mr. Peters, are very common amongst the Chinese, who appear to be ignorant of the efficacy of sulphur or other simple remedies. The most pitiable objects are those affected with leprosy, which they consider both contagious and incurable. When a person is discovered to have this disease, he is at once abandoned by his friends and relatives. In the south-western provinces that loathsome malady appears to be most severe in character, owing, it is conjectured, to the humidity of the atmosphere. A government lazaret exists in Canton, especially for the reception of lepers. Still, it would appear that the poorest and most wretched, who need public assistance most, are permitted to roam through the city unmolested, and uncared for by the city authorities, the pest of people in the streets, and a perpetual annoyance to shop-keepers.

*Tying the Subclavian Artery within the Scaleni Muscles.*—From the Surgical Reporter, we learn that on the 14th of October, Dr. J. K. Rodgers, of New York, performed the extraordinary operation of tying the subclavian artery of the left side, within the scaleni muscles, in presence of many distinguished medical gentlemen and students. The editor says that "the operation on the left side is considered by most of our distinguished surgeons of the present day, as being unjustifiable and unwarrantable, owing to the importance of its anatomical relations." Four times the artery has been tied by Dr. Mott, of that city, just without the scaleni muscles, successfully. In Dr. Rodgers's case, the patient did remarkably well till the 26th of the month, when secondary hemorrhage ensued, which could not be arrested, and the patient died on the 28th, being the fourteenth day after the operation.

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*Stockton's Dental Intelligencer.*—On examination of the first No. of the second volume, published at Philadelphia, Nov. 1, a great improvement over the first series is discovered. The form, mechanical arrangement of the pages, and the character of the matter, are essentially superior to those of the last year, and the work would be of constant value to any operative dentist. Each No. contains twenty-four pages duodecimo, published monthly at one dollar only a year.

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*Surgical Cutlery.*—Mr. Burnett, Tremont Row, in this city, has recently received another invoice of French surgical instruments, of very beautiful workmanship. Notwithstanding the fact that foreign instruments are exceedingly elegant, especially those from the Paris manufacturing houses, there are, perhaps, none of them which cannot be made equally well in Boston. No cutting instruments can have a finer edge or a higher finish than can be given to such as are manufactured in this city. We have such a predominant love of country, that any encouragement given to native artisans is considered in the light of a direct favor, since it shows how perfectly independent it is possible for us to be of all European cutlers, in respect to surgical apparatus.

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*Sal Æratus.*—For a long time, an economical method of manufacturing this important article in house-keeping, was to suspend the carbonate of potassa over tubs containing fermenting liquors, in distilleries and breweries. The carbonic acid gas, in combining with the carbonate, changed it into what is commonly known as sal æratus, or super-carbonate of potassa. It is now proposed, since the old system seems to have been generally abandoned, to impregnate the salt by the carbonic acid from an anthracite coal fire.

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*A Case of Compression of the Brain.*—C. S. Browning, æt. 37—proprietor of the Beacon Race Course, just back of Hoboken, N. J., was thrown from his horse at a hurdle race, on the 5th inst., when leaping the bars—he struck on his head, and was taken up insensible. A physician was immediately sent for, who in accordance with the popular opinion of the non-professional, bled him directly, without waiting for re-action to come

on. We did not learn what other treatment was practised; and although we are exceedingly slow to condemn the practice of a professional brother, we must say that we are not a little surprised, to see any one in this enlightened age of surgery, put in practice the absurd and ancient custom of blood-letting, in either concussion or compression, before re-action is established. We are aware that the medical attendant is frequently blamed, and even abused by the rabble, if he does not use the lancet at first in such accidents; but he should know his duty too well, to have his mind swerved in the least by popular notions. Stimulants should be used to bring on re-action. In the case of Mr. Browning, re-action did not come on at all, but he remained insensible from the first until he died.

Dr. Mott was sent for very early the next morning after the accident, and performed the operation of trephining, at the anterior inferior angle of the parietal bone. He used the small-sized instrument, and as soon as it cut through the bone on one side, the blood gushed out, and continued to ooze until Dr. M. left, although he did not rally.

There was no fracture of the skull, but considerable blood effused about the base of the brain. The operation was performed with a view of relieving the brain of the extravasated blood, presuming that the middle meningeal artery was wounded. The patient died in a few hours after the operation, being nearly moribund when Dr. Mott arrived.—*New York Medical and Surgical Reporter*.

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*Cement for the Teeth*.—In consequence of the imperfection of the plans proposed by the different dentists to fill the cavities of decayed teeth, M. Ostermaur recommends the following composition with some confidence. It closely resembles, both in solidity and whiteness, the natural enamel. It is composed of thirteen parts of caustic lime and twelve parts of anhydrous phosphoric acid. The lime ought to be chemically pure and finely pulverized, and the phosphoric acid should be obtained from the combustion of dry air. The two substances must be quickly mixed, when a white powder, becoming moist during the process, results. The hollow of the tooth, having been previously dried with wadding, should be filled with this powder; and the surface levelled, smoothed and then moistened with a little water.—*Gazette Medicale*.

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*African Pestilence*.—A steam sloop, the *Eclair*, and another called the *Growler*, both from the coast of Africa, have brought with them the seeds of a pestilence that has germinated since their arrival in England, to the no small alarm of the civil authorities at the east end of London, lest the fatal disease should be propagated on shore.

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MARRIED,—At Randolph, Mass., Dr. Frederick Howard to Miss A. W. Tolman.

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DIED.—At Nashville, Tenn., Dr. John B. M'Farland.—In England, Mr. Bernard, one of the surgeons of the British Steam Sloop *Eclair*.

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Number of deaths in Boston, for the week ending Nov. 15, 29.—Males 19, females 10. Stillborn, 3.

Of consumption, 9—cancer, 2—croup, 3—smallpox, 1—erysipelas, 1—disease of the bowels, 1—convulsions, 1—cholera infantum, 1—typhus fever, 3—child-bed, 1—old age, 1—scarlet fever, 1—disease of the heart, 1—dropsy, 1—dropsy on the brain, 1—unknown, 1.

Under 5 years, 9—between 5 and 20 years, 4—between 20 and 60 years, 13—over 60 years, 3.



*Death from Mental Emotion a Result of Workhouse Discipline.*—Before his lamented death, Dr. Houston related the following case to the Dublin Pathological Society.

"It was that of a woman of peculiarly sensitive mind, of 40 years of age, a widow, and the mother of an interesting little girl. She had been the daughter of a respectable medical man, but through a succession of adverse fortunes, was at length forced to seek admission to a poorhouse. She now, for the first time, learned, that according to the strict discipline of the house, she must become separated from her child. At the instant of receiving this intelligence, she was seized with a violent palpitation, that ceased only with her life. The power to sleep seemed also to forsake her at the same moment. An universal fever seized her: she was removed to Cork street Hospital. The physicians examined her, and could find no evidence of disease, except a beating in the upper part of her neck, which they imagined to be an aneurism. At the summit of the sternum, immediately between and separating the sterno-hyoid muscles, was a manifest pulsating tumor, diastolic, visible to the eye. What the nature of this tumor was, they hesitated to decide, but as to its existence there could be no doubt.

"She was placed under some anti-hysteric treatment, and seemed to improve, when she heard that, through the kindness of some friends, admission was obtained for her daughter into a charity school. She was not in a condition to reason on the propriety of submission under such circumstances; her weakened mind could only dwell on the fact of being again separated; this second shock was fatal, and she died in a few days.

"On examination, no lesion of any organ could be detected. The arch of the aorta, that had been supposed to be the seat of an aneurism or some other tumor, was perfectly healthy, nor could anything be found to account for death.

"Dr. Houston closed by observing that this was a single case; where death seemed undoubtedly due to the operation of poorhouse discipline. How many instances of death or madness may have passed unrecorded, inflicted by a stern interference with the instincts of humanity!"—*Dublin Hospital Gazette*.

*Both Kidneys on the same side of the Spinal Column.*—Dr. J. REID narrates the following rare anatomical anomaly:—

"When in charge of the dissecting-rooms in Old Surgeon's Hall, Edinburgh, I found that in one of the bodies which was being dissected by the students, the kidney was wanting on the left, and that there were two kidneys on the other side. The one was placed below the other, and the lower end of the upper one, and the upper end of the under one, were fused together. The renal artery supplying the upper kidney was given off by the aorta, near its usual origin; the one supplying the lower kidney arose from the aorta, near its division into the two primitive iliaes. The ureter from the lower kidney passed across the mesial line, after entering the pelvis, so that these two tubes entered the bladder in the usual manner. The preparation is now in my collection. A case where the kidneys presented exactly the same appearance is described and figured by Dr. John Hunter, in the third volume of the 'Medical Transactions of the College of Physicians in London,' vol. iii. p. 250, 1785."—*Cormack's Monthly Jour*,

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No. 17.

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## DR. CHANNING'S INTRODUCTORY LECTURE.

[Continued from page 317.]

THERE is a moral quality of the profession to which I will for a moment allude. I mean its *Cheerfulness*. Physicians are cheerful men. How explained? The moral faculties are constantly in healthful activity, and the same is true of the mental. A physician is not using his mind directly, and constantly, in open competition with his brethren, as is the merchant. He is not in the market, and bringing into hourly use that sagacity which shall result in the best bargain. He is not as the lawyer daily confronting others, and in the stern conflict of great argument laboring for his client, and most effectually doing so by the temporary destruction of those opposed to him, and the certain and continued destruction of their client. The medical profession is indeed a warfare. It daily fights a great battle. But it does not contend for moral or intellectual victory. There is no money at stake. The physician's greatest success may bring with it the least pecuniary reward. His success has no necessary relation with money, or with fame. Suffering, exquisite pain, is in his path, and it is his office to remove it. Death is before him, and it is his mission to avert it. He sees life in all its aspects, its darkest and its brightest. Here is kindness which never faileth. It sits by that bedside by night, and by day, and with an angel's spirit ministers to that agonized frame which tosses there. Here is equal suffering, a deeper misery, and the tender mercies of those who minister to it, are only cruel. The profession is in the public and private confidence after a manner in which no other one can be. Delinquency in all its forms declares itself to the physician with "miraculous organs." Now how active is that soul which has its life in such duties. How healthful is that activity which has for its great occasion the removal of moral and physical disease and misery. How cheerful must be that mind which has such duties, and which are performed with an undying faith in their own success. And success is their result. Recovery from disease is the rule everywhere. Death is the exception. The student of medicine enters upon this professional life because of the truth of these propositions. He lives in, and for, their verification. The profession is cheerful because it is healthful. Its longevity does not equal that of some other modes of life, but it is still great. Its health is the direct product of its physical exertion, its exercise. No matter how irregular be the physician's habits. He may

hardly have time for eating, and none for sleeping. He may be exposed to all extremes of temperature, be drowned with the rain, or choked with the dust. There he is abroad, facing the whole brunt of it, and his escape from what such exposure might bring to other men, is the consequence of the fearlessness of his life, of habit, of cheerful submission to the contingent, nay, the inevitable. Physicians are often asked, when the most malignant epidemics exist, and they are in the very midst and pressure of them night and day—physicians are asked how they escape in the general death? Is it not because of the fearless, firm, nay cheerful minds and hearts which they carry with them into the sick man's chamber; and because they go there on the highest mission which is given to man? Is it not to the physical and moral health, which the whole preparation for the profession, and its whole duties bring with them, that the alleged exemption may be ascribed? Men have fled from the field of danger. Physicians fled from the Asiatic cholera, that dreadful disease, which Magendie said began with death. But such men wore the professional armor lightly. They had not its spirit. They quailed before the enemy. They were not of us. They might have died, had they not fled. Is not the physician cheerful, too, because he is a temperate man, finding his pleasurable excitement in permanent stimulants, a good conscience and a noble work? Is he not cheerful, because he is not a speculator, in the business use of the word, and has no fear of a fall in the funds, or in prices? Is he not cheerful because he has too much occupation with the depressed and the morbid in others, to give much time or thought to what he might hunt up in himself?

However it may be in regard to this quality of cheerfulness in the profession, do not let it be for a moment imagined by the student that medicine is without its trials and its sacrifices. It has both. Its confidence brings with it pain as often as pleasure. Human nature is revealed to the physician in and by sickness, in its weakness as well as in its strength. The heart here discovers its bitterness as well as its joy, the mind its weakness as well as its strength. Delinquency, the gravest moral delinquency is among the revelations of medicine. At times they are the conditions, the sole conditions, of a true treatment of disease. But let me say here, that whatever our profession discovers to us of the kind referred to, it comes to us as a *medical* fact which is never to be disclosed. Except for the defence of justice, in a court of law, never let the student suppose for a moment that what he is to be professionally made acquainted with, is to be uttered by him, however confidential he may design his disclosures to be. He is with his patient, and before the public, a physician only. His mission is to treat disease, and to know what disease is, he must be in possession of all its causes. This is the limit of his professional relations, and let him, as he loves justice, honor, and a true fame, never, never in thought even, pass beyond it. The limitations of our responsibility, if such we have, will be considered in that part of my lectures on Medical Jurisprudence which includes medical ethics.

But the confidence of medicine does not contain all the trials of

the physician. His profession is a life. It has not term time and vacation, alternating in fixed order, as has the Law. It is not with it as with the mercantile life, "spring business, and fall business." And it has not the privilege of the clerical calling. "The Sunday dawns no sabbath day" to the physician. He is a minute man in every sense of the word. "Be good enough," said one to me one day, "just to sleep with one eye open, we shall want you soon, and you know there will then be no time to lose." "The doctor says he cannot come!" exclaims another, "he is eating dinner! What business has a physician with dinner! Send for somebody else." "Confound that bell!" exclaimed a friend one day, "I believe it has at last learnt to ring of its own accord, and sets to always just as I get home!" Matthew Baillie, physician extraordinary to the King, and author of the *Morbid Anatomy*, had at the close of a most disagreeable winter's day, got home from an unusually fatiguing day's work, and was in the comfortable process of warming himself before a most genial fire, preparatory to his dinner. The London dinner hour was then six. Everything went well, and the doctor had experience of one of the pleasures of the profession, complete rest and true comfort after hard work. It was a "fearful joy," for in the midst and pressure of it, the street door bell rang, and the servant entered, saying, in his wonted quiet way, that Mr. Somebody, residing in a distant and obscure street, wished the doctor to visit him immediately. The very manner of giving the message seemed offensive. "Tell him I won't," was the answer of Baillie. The servant shut the door gently, and was slowly on the way to give the answer. He had gone but a step, when the bell-rope was in the doctor's hand—it was pulled "with a will," I assure you, and the servant retraced his steps. Dr. Baillie met him at the door. "Tell John to put the horses to, and drive the carriage round." Now I know not how Dr. Baillie became king's physician, and there may be differences of opinion touching the value of the *Morbid Anatomy*, but there can be but one opinion held of his character, as illustrated by this anecdote. We feel that he was a man, a noble, a great man, and instinctively pay to him the homage of our "large honor," and love the profession which by its stern discipline, its daily trials, made such a man. Now Baillie had known the trials referred to, in their diverse forms. Allied to the Hunters, and to Sir Everard Home as he was, and having an excellent mind, and that faithfully cultivated, it was not till he was between 40 and 50 that a just estimate of him had been made. His business was small till after that time. But you see the heart-sickness of hope deferred, if he ever felt it, had not soured him. He did not come into full practice, public, nay regal confidence, bringing with him a cherished sentiment of ill-will toward society, or a soured temper, out of that earlier neglect. No. He came with his moral and intellectual natures not in antagonism, but in perfect harmony. The physical might in its weariness and weakness disturb the balance, as in that answer to the poor man's messenger. But it was only for a moment. And with what exalted dignity, with what celestial brightness, may I not say? did the man, the divine in him, in a moment declare itself! It were easy to cite instances of a like conquest

of the profession where there were many circumstances to produce very different results. I have preferred to find an illustration of one form of sacrifice which it demands, in a fact out of a distinguished and great life.

But trials and sacrifices are not only or principally physical in their nature, as are those just hinted at. The mind and the heart, too, have now and then stern demands made upon them, and which they are forced to meet.

A topic remains, which I approach with misgiving, but which has too near a bearing on our subject to be passed by without notice. I refer to the present state of the profession in regard to the public estimation of it. By some this is not thought to be what it once was. We are told that the ancient reverence in which medicine was held, is decayed, and that the public confidence in it is lessened. Whence this opinion? What are its causes? If it be in the position of the profession at the present day, that the altered sentiment has place, what has produced the state?

The causes may be general, and special. In the first, we find the time in which we live. It is an age of thought, of speculation, of dissatisfaction with the present, of change. It is an age of reform, a word unmusical to many ears. The power of mere, naked authority, quails in such an age, to the demand made on all sides that it make clear its claim to respect, to defend itself against the aspiration, the hope for better things. The past is summoned, is made to take its place by the side of the present, and to show cause why its authority may not be questioned, and abrogated. We may see the illustration and proof of the ground here taken, in the diminished authority of the church, as declared by the failing power of creeds over the general mind. It is very striking in legislation, as showed in the altered and milder character of law. A professional proof of this may be found in the view taken of Sir James Graham's "Medical Bill," which has been so long so burdensome to the British Parliament, and which proposes to increase the penalties for irregular practice, and to give back to medicine its old authority in the state, by the power of law. One of the most conservative Journals in Great Britain, the *London Quarterly Review*, open before me, has a sentence which is conclusive concerning this matter of increasing penalties against irregular medical practice. It occurs in a review of Sir James Graham's Bill. "It is needless to discuss the question whether the legislature ought to interfere on such occasions, when it must be plain to every one that it is impossible for them to do so, and that the most stringent statute having this object in view would be from the beginning a mere dead letter. Napoleon's Berlin and Milan decrees could not prevent English manufactures from finding their way to the Continent; and the instinct which leads us to struggle for the preservation of life is a more powerful agent than the desire to have the best calico and cutlery." *Lond. Quar. Rev.*

A society in London, deeply interested in the suppression of the slave trade, has recently petitioned Parliament to have the naval force withdrawn from the African coast, as it has been ascertained that its presence increases the dexterity and vigilance of the slaver, and adds more power and success to the piracy.

Within a very few years the Medical Society of this State surrendered the law which in intended kindness to the profession gave to its members exclusive power to collect its debts for professional services. In these and similar facts which distinguish the age, I look for some of the causes which, as has been alleged, may have diminished the public authority of medicine. But others have acted more directly. The effort has of late been to make medicine popular, to unfold its mysteries, and unconsciously to make every man, woman, and child too, his, her, or its own doctor. In this work, medical men, educated physicians, have entered as freely almost as has the more interested quack. And how? Look at the popular education. The schools are filled with books on anatomy, physiology, hygiene, physical education, chemistry, botany, and what not, prepared with great care to teach these several branches of medicine. We have popular lecturers, men and women, who give regular courses on anatomy, and physiology, and means of preserving health. Yes, we have it advertised in large letters, on large bills, that Dr. — will lecture on such evenings to *men alone* on matters which it behoves them to be anatomically, physiologically, and pathologically informed about—and on such evenings to *women alone* on kindred matters of interest to them. The female lecturers judiciously confine themselves to the peculiarities of their own sex.

Now look about fifty years back. See how these matters then stood. We had indeed Willich and Buchan, but they were not then parlor books. We had anatomical lectures in the medical colleges, but we did not make anatomy a tea-table topic. To wear a false tooth was made a question of morality, since it was considered a mode of obtaining goods under false pretences. And dyspepsia was eschewed from the common talk, as it involved particulars which might not be discussed to ears polite. Now teeth are talked about, as is the weather. Dentists have their friends, almost their parties. Men have bowels, loose, or costive, and women have *spines of the back*. Is it at all to be wondered at that medicine, whose mysteries were once so sacred as to dwell in temples, whose words were oracles, and whose deeds were of the gods, and which at a later date was so far removed from the public stare—is it to be wondered at that medicine should have lost something of its earlier veneration, now that it is taught in the nursery, and lies so naked upon the very surface of society? If there be truth in all this, what is the duty of the student in regard to it? His duty here, as in regard to the whole profession, is to make perfect preparation for what he will be called on to do; and in regard to the public, always to labor for its highest present good, and to secure to the utmost of his power what good he may now do, to both his profession, and to the public, for all succeeding times. Never let him condescend to minister to a depraved public taste; but ever seek the true dignity of his calling by contributing to its certain advancement.

Other causes have wrought to a like end with those named, and they deserve more special notice.

First, the popular literature of the profession. What is this? It consists in works on the diseases of children, of females, of mothers, on



the management of consumption, syphilis, &c. They are written by physicians, have glossaries for explaining medical terms, descriptions or definitions of diseases, with recipes in English to suit. These works profess to be addressed to the profession as well as to the public. To the former they are utterly useless if the profession be duly educated. To the latter they must be worse than useless, seeing that the public in this regard, and for such purpose, is not educated at all. These works are designed to show what should be done in slight diseases, or in the beginnings of the graver, and which beginnings are for the most part, as the physician knows, but the incipient movements of the gravest. And to whom are they to show this? To mothers, and nursery maids, since the man of the house has nothing to do with this domestic literature, unless to take a prescription now and then from the powers above stairs. In other words, these popular works suppose that the persons referred to understand the distinction between diseases, the *diagnosis*; and the disease given, they have only to turn to the treatment. Nothing to my mind is more absurd and injurious than all this. The physician is to be sent for if things grow worse. The parties do not commonly know if this be the case; and if they do, they will not probably send for the physician till his office is useless, or if not, not until the case has become so complicated by what has been done, that it is by no means easy to say what may be safely done next.

I would not exaggerate the trouble or the harm produced by the books in question. I think it unworthy the profession, and unjust to the public, to scatter in its paths books which cannot be understood by it, and which in place of producing knowledge, is only giving injurious activity to ignorance. There is less to my mind to complain of in the veriest works of the most unprincipled quackery, than in these which come from the regular faculty. They often place it below the most unqualified empiricism. What can be more annoying than to be met at the chamber door of a patient by a friend, a female friend, with book in hand, welcoming us by reading the history of the disease, and then telling us of remedies and results, adding that calomel and bleeding were now necessary, but she really was unwilling to meddle with mineral poisons, or with edged tools. He who may *consult* with such a practitioner violates a law of the Medical Society of this State, and exposes himself to its severest penalties.

Turn now from these popular lights, and very popular medical guides, to another portion of popular medical history, that we may know more of the causes which may have affected the good name of medicine, or given rise to the opinion under consideration. I refer to the daily forthcoming new doctrines of disease, and the no less new methods for their treatment. Why do men, and women, and children, die now-a-days? The hydropathist tells you the physician kills them. The homœopathist, that it is allopathy which daily slays its thousands. The mesmeric seer ascribes the bill of mortality to neglect of mesmeric medicines—and the Anglo-Saxon *medicine-man*, with his white skin, says faith only is wanted in the Great Spirit. The world is full of sure means of an earthly immortality, and still men die. I refer here to a portion of the medical

history of the day, and if measured by numbers, an important one. These are among the modern contrivances by which men seek to live themselves, and to make live others. And who sustain them in their Legion numbers? I answer, men for whose judgment, in other matters, we have respect. They have advocates, women as well as men, of rank, of wealth, and of talent. I remember when there was a little secrecy in this matter. But none exists now; and men and their large connections, give in their allegiance to some new system. They have for it the strong attachments which deserters from the old, and advocates for the new, generally have. They are jealous for their system, and the regular should be cautious lest in questioning their faith, he spring a mine which may bury himself. Elliotson, so widely known for his writings, a professor in the London University, and a hospital physician of established character—Elliotson sacrificed both, and more, to his conversion to mesmerism. It was nothing to prove to him that his mesmeric subjects had wholly cheated him, that they were utterly abandoned in character, and so wholly unworthy his confidence. He kept the faith. How easy were it to furnish here illustrations of the power of hydropathy and of homœopathy over minds which in regard to other subjects claim our respect, and from whom we cannot withhold it.

How have these things diminished public confidence in the profession?

First, by withdrawing from it the active patronage of men whose favor was to be desired. This, however, I regard as the least of the agencies which have injuriously reached our profession. I think indirect influences have done much more. Among these I rank the manner in which new doctrines have been met by medical men, and especially that in which it has been proposed to treat their professional advocates. I have already referred to what is now attempted to be done in England by the Medical Bill before Parliament. It is proposed in that Bill to prevent irregular practice by law. The same has been recently done in some States at home. And what I think still more injudicious, physicians have been expelled from medical societies because they have adopted some of the new methods of practice. The followers of Hahnemann have in some cases been so treated. I have no sympathy with this doctrine; and still I would not deny professional fellowship to those who have such sympathy, who for years have stood with respect in the medical ranks, and who have left them for what they believe either better for themselves, or for the public, or for both. I am free to say, however, that I think that he who has made a copartnership of the old system with the new, and who leaves it with sick men, women or children, to determine by which mode to be treated, has done that which demands the utter neglect, if not the contempt, of the profession.

And how have these new doctrines affected the profession through those who remain faithful to it? The opposition which they encounter increases the interest of their friends in their defence. They consider it an interference with their right of judgment in matters which most nearly concern themselves. The early professional teaching of the public above referred to, the professional class, and other popular books,

have made them judges, and they will use their knowledge. The new method is so simple that a child may understand it. And the medicines in some cases are so minute in dose that they can do no harm. Their virtue consists in the character of their agency, this being as little felt by the sick, as by the drugs themselves. The domain of the transcendental belongs to the new doctrine, and he who has adopted it, has been, by that act, made free of that limitless republic. What now can professional opposition to all this do but strengthen its power? It brings itself into comparison with it, and where the public interest enters into the judgment, it is not difficult to see to which side it will turn.

A question arises, should not the profession examine pretensions which are at all sanctioned by the time through which they have lived, or by the numbers and characters of those who have supported or do support them? Is it not due to the public, that those who have long had its entire confidence should so far guard its most important interests as to give time and thought, deep thought, to that which threatens to disturb it? May there not be some truth in the new? Is it wise to believe, and practically to say, that there is nothing more to learn concerning medicine? Has any one of the new methods been examined on its merits? Has it not been treated on its earliest promulgation, with contempt, as having no merits at all?

There is another fact in the history of irregular practice, quackery so called, with which the student should early be acquainted, as explaining or accounting for some of its power. It has been frequently resorted to when the regular practice has withdrawn itself, or declared that it could do no more. And what is true in some such cases of irregular practice, the so judged incurable have sometimes recovered. The expediency of an unqualified prognosis has been questioned. Said a distinguished medical lecturer once, "When I am asked, in seemingly desperate cases, what my opinion concerning results is, I answer that I have seen people apparently worse, recover; and those who seemed less ill, die." He never forsook the sick nor dying. Laennec and others had not given then their cases of recovery from consumption, but he sought even to cure consumption. This medical faith in that professor secured to him the confidence of the sick, and so all that the mind can do towards cure was on his side.

I have met with a passage in a work, out of the profession indeed, but which bears so directly on our subject, that I am induced to transcribe it here. It is of great value to the student.

"We have no inclination, and certainly we have no inducement, to under-estimate the importance and usefulness of the medical profession. We know that through its agency life is prolonged, bodily sufferings are mitigated, mental anxieties are removed, and that the benefits which it confers are not confined to the individuals principally concerned, but that they often extend to whole families who are dependent on them for their worldly prosperity and happiness. We know that there is scarcely one hour in the day in which a judicious and well-informed practitioner may not say with a safe conscience, 'I have done good to somebody.' Still the medical profession cannot do all that is expected or required. Sooner

or later, and with every one among us, the time arrives when the best medical aid, as it regards the preservation of life, is good for nothing. It is true that, even under these circumstances, it may often diminish pain, or alleviate such bodily distress as is not improbable worse than pain; but not unfrequently even these objects are unattainable; and the most skillful and experienced person standing by the patient's bedside feels that his wand is broken, and that he has nothing left to offer but his sympathy and commiseration. But the desire of life is not necessarily extinguished even in the hour of death; or if it be so with the patient himself, it may still linger with his family and friends. When the art of the regular practitioner can do more, are we to be surprised that the promises of others should not be wholly disregarded? and that even the miserable chance afforded by the impostors of the day should be looked at with something like hope when no other chance is left? It may be said that to catch at such a straw as this can only end in disappointment; but the reflection that any plan, however in itself absurd, has not been tried, may cause disappointment also." *London Quart. Review.*

[To be concluded next week.]

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#### DR. ELLSWORTH'S PRIZE ESSAY ON SCARLET FEVER.

[Concluded from page 322.]

OTITIS is an annoying but frequent occurrence as one of the sequelæ of scarlatina. I have treated probably forty cases of this within the last two or three years. The cause is an extension of diseased action along the Eustachian tube, but the glandular structure of the meatus externus and canal becomes involved before perforation of the membrana tympani takes place, for this last event frequently does not happen for months and even years. The discharge, which is extremely offensive, is probably only a morbid secretion from the glandular tissue, and the surface of the memb. tympani. The patient almost always complains of more or less pain in the ear previous to the appearance of the discharge. If taken at this time, much may be done to alleviate the patient's future condition, or perhaps entirely ward off the impending evil. When the system will permit, a few leeches should be applied to the mastoid process. It is true, most of these cases are very sick at the time of the first appearance of these symptoms, and they are apt to be passed over as of little comparative value, yet at any other time they would command much attention, and the sense of hearing is too frequently involved in the question to permit a careless examination or inefficient treatment. Leeches, then, should be first applied, if there is nothing to contra-indicate; then warm oil should be dropped into the ear, a little cotton placed on this, and over all a poultice enclosed in muslin. This will not unfrequently put a stop to the difficulty at once, or so modify it, that the after treatment is much more successful. Blisters I do not recommend, as I have before stated, having seen very unpleasant results follow their use. Most of the cases treated by me have been chronic, and the patients of others, and the

treatment has been to syringe out the ear with warm soft water every morning, then to drop in a little of the solution of sugar of lead, in the proportion of two or three grains to ℥j. aq. dist. This must be accompanied with pustulation behind the ears with ung. tart. ant. or ol. croc. tig., ℥j., to ol. cajeput, ℥jss. More rebellious cases may be touched with a brush dipped in a solution of argent. nit., gr. x. to ℥j. aq. This is the treatment advised by Kramer, and Mr. Wilde, of Dublin, and has been found extremely successful by myself when it has been faithfully persevered in; as it sometimes requires several months.

Dropsy is another interesting sequel of scarlatina. Elliotson thinks it is always preceded by exposure to cold, while the skin is in a state to be easily acted upon by change of temperature. Dr. Stark, of Edinburgh, thinks that there is an increased vascular action in the cutaneous system, to supply the loss of cuticle, but from want of tone in the larger vessels, the surface of the body is easily chilled, congestions take place, particularly of the kidneys, from which dropsy results. Dissections occasionally seem to favor this interpretation, but Graves found the kidneys once perfectly free from disease, and it is to be observed that dropsy occurs generally in cases where the attack has been *slight*, not in those where it has been most severe. It appears to me that the effusion results from the same cause as that which produces it after exposure, a form called inflammatory or rheumatic dropsy; particularly as rheumatism is a frequent result of scarlet fever. Some of the viscera are almost always involved, more particularly the liver and lungs and their investing membranes; sometimes the brain is attacked. However, in these essential fevers we are apt to rely too much on *post-mortem* appearances, which are not always conclusive as to the previous state of the organs, and much less of the constitution. The urine always contains a large amount of albumen, and not unfrequently blood; dropsies of this character have by some writers been allied to hæmorrhages, more particularly by Chapman and Graves. The congested and inflamed kidney is supposed to relieve itself by a scanty secretion of urine, highly impregnated with serum and even globules of blood. This is a state we every day see in wounds and inflamed glands, the lining membrane of the bowels effusing, instead of simple mucus, in dysentery, a serous fluid mixed with blood; so also in salivation the same phenomenon is observed; often we have seen a wound one day progressing finely, but the next day pouring out a sanious pus or bloody serum.

That this disease is, however, unlike ischuria renalis, is quite evident from the fact, that those suffering true inflammation of the kidneys die from coma, or if the urine is suppressed from any other cause, the brain being poisoned by urea; but coma does not here result, except from *effusion* into the brain. We know that serum is poured out into the cavities at an extremely early stage, before that requisite for the formation of pus; now why may not the cellular membrane be thus affected with low inflammation, especially as it possesses little sensibility, and this, still less, from its distensibility? The coagulable quality of this urine is also present in that of all inflammatory dropsies. The cases requiring tonics are

true cases of debility, and arise from the heart being unable to perform vigorously its proper function. In such there is little effusion of albumen, or blood into the urine.

Inflammatory action of the serous membranes is very frequently present, known by its usual signs; this condition illustrates very forcibly what has been before stated respecting the tendency there is, on the decline of the disease, to put on a more active character, and one where copious bleeding is not unfrequently well borne. I will state here, that bleeding is of great value in the treatment of dropsy, even in cases not apparently standing in need of it, for by unloading the vessels in debilitated subjects, giving at the same time iron or quinine, we shall often find the veins rapidly fill, by absorption of the effusion. It will be found extremely valuable where the pleura is full, with great oppression of the chest, small and rapid pulse, as it diminishes the amount of blood circulating in the lungs, and quickly removes the load pressing them down towards the spine. Leeches have been advised to be placed over the kidneys; I have not used them, but think they would be just as efficient if placed over any part of the body, especially if there was pain in it. Purging by jalap and crem. tart. is perhaps the next most valuable agent, and may often supersede the necessity of venesection; Elliotson thinks it, as a general thing, better. Diuretics, after the preliminary steps, will be found highly useful, particularly the following mixture, which in any case that a diuretic action simply is wanted, will be found superior to any other. R. Infus. digit.,  $\mathfrak{z}$  viij. ; tart. acid.,  $\mathfrak{z}$  iij. ; carb. sodæ,  $\mathfrak{z}$  ij. ; tinct. scill.,  $\mathfrak{z}$  j. ; d. sp. nit.,  $\mathfrak{z}$  j. ; ol. menth., gtt. v. Dose, a table-spoonful three times a-day. These means, judiciously applied, will be found successful almost always. Underwood speaks of cases cured by tonics, but such must be few in number and laboring under some peculiar state of system or epidemic influence. Burserius says that most of the cases treated in 1717 by diuretics died, and that *post-mortem* examinations showed intense visceral inflammations, particularly of the kidneys. Diuretics would have answered perfectly had they been preceded by a proper depleting treatment.

Warm bathing is too much neglected towards the close of the disease, to promote a healthy action of the skin and facilitate desquamation.

In seasons of the year when rheumatism is prevailing, scarlatina is a little more apt to be followed by it. Colchicum here will be found one of our most valuable medicines; the warm bath also deserves praise. It appears that colchicum might even be found serviceable in the dropsy of scarlatina, at least judging from its effects on a poor Irish woman who had the most extensive anasarca, following exposure, which ever came under my observation. She took the wine of colchicum in her own doses, not mine, and came near killing herself by puking and purging, but was rapidly and completely cured of her dropsy.

The convalescence from scarlet fever is frequently slow, the pulse for a long time maintaining a state of great frequency and irritability, the urine remaining scanty and high colored. Such are sometimes followed by a re-appearance of the tonsillar swelling, and that of the glands of the neck, and a strong tendency to suppuration shows itself. One phy-



sician told me that at this period the eruption again made its appearance and ran a regular course, and that the case was seen by other practitioners. I think there can be no mistake respecting the matter, from the character of the person who gave me the information. Cases of secondary fever will not generally be benefited by wine, bark or rich food, but do better from purging with calomel and colchicum, and the use of the warm or tepid bath. Chapman considers tepid bathing and sponging as the most efficient means of relieving the dry, husky state of the skin following scarlet fever, and as one of the most effectual agents in preventing the formation of abscesses in the joints, hydrops, rheumatism, enlargement of the parotids, the various enteric and pulmonary difficulties which follow this disease, and which are in themselves as much to be dreaded as the fever itself. The iod. potass. will be found very useful in some of these secondary difficulties, particularly when rheumatism and enlargement of the glands remain permanent.

*Laryngitis* sometimes comes on early, but at other times not until after desquamation. It is one of the worst symptoms possible, is dangerous in proportion to the slowness with which it develops itself after irritation of the larynx has been perceived, and is generally fatal. The French pathologists suppose it to be a diphtheritic inflammation, extending from above downwards. I do not understand this as indicating anything more than a descent of the disease of the fauces into the larynx, accompanied by effusion of lymph, which usually attends all inflammations of this part in children. It is truly wonderful this does not occur more frequently. Mr. Ferrall, of Dublin, gives the *post-mortem* appearances of a child, where a true croupy membrane extended far into the lungs, effectually preventing all hope of success from an operation; this, however, is not probably the general appearance, for Chapman says he has often seen it, and uniformly found the lymph restricted to the larynx and sometimes here in patches. A patient of mine died, as stated above, notwithstanding the best advice of our city associated with me. The treatment mostly relied upon was, calomel in small and frequent doses, emetics and the application of a very strong solution of lunar caustic. There was in this case the same difficulty of producing emesis which attends ordinary croup. If a similar case should again present itself, I should endeavor to meet its earliest appearance with plenty of leeches to the throat, and by the insufflation of powdered nitrate of silver or burnt alum. The brush or gargle are entirely insufficient. Early tracheotomy would allow a better application of remedies locally. This I verily believe justifiable, as recovery from this disease, under these circumstances, must be extremely rare under the ordinary treatment. One case was operated on in the State of New York (by Delamater, I believe) with success. I should advise it here earlier than in common croup, indeed as soon as it was found that the first treatment was useless, for so deadly a complication demands energetic and sometimes the boldest practice.

Mr. Ferrall, of Dublin, has mentioned several cases where there was some injury inflicted about the upper part of the spine, causing for a time obliquity of the head, or inability of rotating or raising it up. It

was caused probably by the disease of the throat extending to the muscles seated behind, and in contact with it, particularly as the superior constrictor of the fauces was involved, producing great difficulty of deglutition. It is not improbable that the joints of the upper vertebræ of the neck were also diseased, as are sometimes joints in distant parts of the body. Difficulty of swallowing, not proportioned to the pain, is the principal diagnostic of its approach. Calomel and opium, given constitutionally, cured Mr. F.'s cases speedily, after the free application of leeches. Contraction of the tendons I have never seen, but should consider it allied to the rheumatic form, and treat it accordingly.

As to the property said to be possessed by belladonna of preventing the contagion of scarlatina, little confidence is to be put in it; for, as a general thing, according to my observation, the disease does not show a tendency to spread in families, while in some epidemics, where freely used, it has proved utterly worthless. It was tried in Springfield, by Dr. Frost and others; and their opinion was that it had no preservative influence, as the disease attacked those taking it as well as others. Similar instances have fallen under my observation. As Hahnemann thinks one of his globules is capable of preventing it equally with a proper dose, we need not stop long to experiment upon it. He condemns it by his praises.

P. W. ELLSWORTH.

#### CONTAGIOUSNESS OF PUERPERAL FEVER.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The remarks of Dr. Harris in relation to the question of contagion in puerperal fever, contained in your Journal of the 22d of October, remind me of an *endemic* puerperal fever that prevailed in the south-west part of this State some twenty-five years ago. It was characterized by one very remarkable circumstance. The subjects of its attack were *exclusively* those who were confined with their *first* children—while not a single *authenticated* instance came to my knowledge of an attack of any woman who had borne children before. Pawlet, the south-west town of Rutland County, seemed to be nearly the centre of the *endemic* district, which might have been forty miles in diameter. I resided there at the time, and think I learnt that cases occurred in every direction *from* that point, at distances varying from 10 to 20 miles. A senior partner and myself had *seven* cases, occurring within *nine* weeks, comprising *all* the cases of *first* labors we had in the time; while within the same time we attended from 10 to 20 labors, where the women had borne children before, *none* of which had puerperal or any other form of fever. It was said at the time, among others, by the late Professor Woodward, of Castleton, that no instance of a *first labor* occurred within the limits of the so-called endemic, and which lasted from 10 to 12 weeks, in which the mother escaped the fever. They all died but *two*—one of whom was Dr. Woodward's patient, and the other was mine.

I am sorry to confess that I made no *record* at the time, nor since, by

which I can *assure* myself, or others, of many things that might be deemed important, on a subject so interesting. I am not positive, even, in regard to the *years*, as I left my account books in Pawlet in 1823, and have not seen them since. It was probably about the first of Nov., 1820 or 21, that it commenced, and lasted from *ten* to *twelve* weeks. I looked in vain, for a few subsequent years, in the medical journals, from time to time, thinking I should see a notice of it from Prof. Woodward or somebody else, excusing myself from the duty on the ground that others, who had a better knowledge of the facts, were better qualified to communicate them. That it *was* puerperal fever, there can be no question; but I am unable, at this late hour, to say more of it, than that it was “*sthenic*” in its character. It made its onset from the second to the third day from the confinement, and terminated, generally, on the sixth. Bloodletting was *unpopular*—and, indeed, the physicians were generally opposed to it—as I think, very unreasonably. I had *one* recovery, and in that case I let *ninety-six* ounces of blood within the first *four* days from the attack, at *seven* bleedings. Of this item I accidentally found a *record*. I recollect that cathartics of calomel, sulph. mag., &c., and blisters over the entire abdominal surface, were resorted to in that case. Prof. Woodward told me, I think, that in his *single case* of recovery, he also bled, purged and blistered freely. You will notice that these *two* cases were the only recoveries known or heard of by Dr. W. or myself. It was said, at the time, that about *forty* cases had occurred. There might have been more, or less. I recollect well the sharp and anxious expression of countenance; the small, hard, and very *frequent* (130 to 150) *pulse*; the *tumid* and *tender abdomen*; and that the lochial discharges were generally, perhaps entirely, deficient. But no *post-mortem* examinations were *suffered*, among my patients, and I heard of none among others. The excessive *distention* (or *enlargement*?) of the abdomen may be illustrated by the circumstance, that, on entering the chamber of *one* of my patients (the one that ultimately recovered) I was so struck by the appearance of the *bed*, that I at first supposed my patient, for some strange purpose or other, had interposed, between her abdomen and the counterpane, an enormous roll of wadding.

But to the question of contagion. There was, as probably there always will be, in like circumstances, a prevalent opinion among the people, *first*, that the deaths occurred from want of *skill* in the accouchment; and *next*, that contagion was conveyed, in the clothes or on the hands of the accoucheur. I have no reason to suppose that erysipelas, or anything of that sort, existed at the time, and believe the fact that so *many cases* occurring in so many *different hands*, about the same time, proves that we may reasonably conclude *contagion* out of the question in those cases. One circumstance is worth remembering. A young gentleman (now Prof. Perkins, of Castleton) an *advanced* medical student, accompanied his preceptor, who was visiting one of my patients in consultation. While they were there, I was requested to visit an unfortunate pauper girl in a *first labor*. It occurred to me at once that I might test a principle, and, at the same time, do the young gentleman a kindness by giving him the case—for he had never attended *any* woman in

labor. He went accordingly ; and I well remember the prediction of a "Wiseacre" at the time—"you will see, *that* case will do well enough." Her labor was natural and easy, and terminated, in the judgment of Mr. Perkins, favorably. She went, however, the way of all the rest, and died on the sixth day. I should say of this case, that in obedience to public opinion, which, in regard to this *pauper*, claimed to be *authoritative*, she was suffered to die—if without the *benefit*, certainly, also, without the *risks* of medication—and that soulless embodiment of wisdom, public sentiment, "took the responsibility." Whether it be important, I don't know—but I think the children, in these cases, all survived. Professor Perkins probably resided in Castleton at the time, and very likely has resided there ever since. He *may*, and probably does know more of that *affair* than I do. I think, however, nothing has ever been published on the subject. If so, it should now be done, while the matter may be enlightened by living witnesses ; or—I should be arraigned at once (for perpetrating a paroxysm of preposterous poetry.)

Now—I take it for granted, after the *little snug showing up* you gave me in the Journal, about that "fracture bed" (how dare you violate the privacy of a confidential correspondence?) you will wonder at my temerity in so soon exposing myself again to your——scissors! Very well. Make some inquiries, if you please, of *whom*, and in such fashion as you deem appropriate.

Yours respectfully,

St. Albans, Vt., Oct. 27, 1845.

J. L. CHANDLER.

#### FOREIGN BODY IN THE CAVITY OF THE OS MALÆ.

By N. Williams, M.D., Phœnix, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

IN Nov. 1838, Mr. L. Gilson, of Hastings, while engaged with a buzz saw in manufacturing barrel staves, was accidentally and somewhat seriously injured, in the following manner. His little son, who was in the mill with his father, while at play, happened to thrust a stave against the saw, which was moving with such force as to wrest it from the hands of the boy, and precipitate it with much violence directly into the face of the father who stood upon the opposite side of the machine. The attendance of a surgeon being considered necessary, and as I was myself absent from home at the time, a neighboring physician was employed. The integuments of the cheek were considerably lacerated, although no serious injury to any of the bones of the face was discovered, at the time, by the attending physician. The consequence was, the ragged edges of the integuments were adjusted as well as they conveniently could be, and sutures, together with adhesive straps, employed to retain them in their proper position. The wound, I believe, healed kindly, with the exception of the centre of it, which instead of healing resolved itself into a fistulous opening, from which a small quantity of purulent matter continued to escape. In this condition of the case, I was consulted in the

month of January, it being about two months from the occurrence of the accident. But not having the necessary instruments with me at the time, I could not make a very critical examination of the case, but suggested, that there might be a fragment of bone in the cavity of the os male, which gave rise to the discharge, and which the efforts of nature would be sufficient in a short time to remove. In the month of March I was again consulted, and on introducing a probe, soon found that what I had mistaken for a portion of the malar bone, was no less than a fragment of *wood* of no inconsiderable dimensions. Cutting through the integuments, the outward extremity of the body was at once brought to view, and to which a pair of forceps were applied, by which I effected its removal, much to my own surprise and to the inexpressible joy of the subject of the operation. At the time of the injury, it had been forced through the anterior wall of the os male in a backward direction and parallel with the plane of the orbit of the eye, leaving the outward extremity in possession of the perforation occasioned by its entrance into the above-mentioned bone. Its measurement was two inches in length, half an inch thick, and five eighths of an inch in width. The injury subsequently healed rapidly, and soon became wholly restored. It may be proper to add, that the instrument by which the injury in this case was occasioned, was a *rough hemlock stove*, and that the fragment imbedded in the os male had remained there about *five months*. The most remarkable features in this case seem to be, that no particular constitutional or intense local excitement was produced, and that a physician could be found in the State of New York so inexcusably *ignorant* as to perpetrate so serious a professional mistake upon a suffering fellow being.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 26, 1845.

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*Dr. Channing's Discourse.*—Last week we commenced the publication in the Journal of Professor Channing's lecture before the medical class at the opening of the present lecture season in Mason-street College. Dr. Channing is distinguished, in this community, for active benevolence in every work and cause which promises to better the moral or physical state of mankind; and those who know him most intimately in his professional character, will bear testimony to his enlarged views, kindness to those who seek his advice, and uniform interest in the progress of medical science as well as medical charity. He is a man of a happy disposition, and is disposed to have all the world in the same comfortable condition.

But our special object was to direct the reader to Dr. Channing's published discourse, since no comments or selected portions would prove so satisfactory as the whole address. He certainly exhibits modern professional life precisely as it exists, and which no common hand could depict so graphically. Such a life is full of ups and downs—with more downs than ups—yet it is a noble service. There are sleepless nights, unrequit-

ed merits, a starving income, and envious competitors to contend with ; but a man who honestly and resolutely determines to rise above the storms that embarrass the commencement of a physician's voyage of life, seldom fails to accomplish so honorable a purpose. What distinguished individuals there have been and still are, who have raised themselves from obscurity to a deathless fame—and what numbers may do the same in all coming generations—by simply and fearlessly breasting the tide of opposition which often sets strongly against them in early life.—But to continue these observations would be encroaching on ground in the occupancy of Dr. Channing, and we therefore urge the perusal of his instructive introductory upon all students and practitioners of all ages, both on the score of its pertinency and its truth. It is to be published in a pamphlet form, we understand, after its completion in the *Journal*.

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*Acton on the Venereal Disease.*—Since noticing the re-publication of this work, its pages have been examined sufficiently to warrant a paragraph decidedly in its praise. Perhaps there is no one disease with which practitioners, in cities, are more familiar than with syphilis, in all the forms in which it is ever recognized ; and yet there are singular discrepancies in treatment. It is not presumed that there can be any uniformity in prescriptions or specific remedies, where both symptoms and appearances are as various as possible in different individuals. One point, however, all can agree in, and that is, that it is best to understand, as far as practicable, the laws of this strangely destructive malady—the accompaniment of vice, and the penalty of infractions of the moral code.

The treatise by Mr. Acton commences with a history of the venereal disease, embracing a history also of the theories entertained of its nature and origin. Part I. takes up the consideration of blennorrhagia—first, in the male, with minute details on gonorrhœa, epididymitis, strictures, affections of the prostate gland, false passages, disease of Cowper's glands, infiltration of urine and fistulous openings. Then follows blennorrhagia in the female, and the forms common to both sexes ; the blennorrhagic ophthalmia ; of the anus, of the mouth, nose and ears ; vegetations, herpes, præputialis ; eczema and excoriations.

Part II. has a great variety of primary symptoms, signs and characters of syphilis. Chancre and bubo occupy two entire sections, and leave nothing to be desired further, by the reader. Secondary symptoms, affections of the skin, of the mucous membrane and syphilitic affections of the eye, have been well considered by the author ; and affections of the testicle, tertiary symptoms, and syphilis in children, bring the volume to a close. At proper intervals the text is beautifully illustrated by engravings, so true to nature that it would be difficult to produce anything of the kind to supersede them in graphic correctness. The volume recommends itself to the profession, and we trust its real merits will be properly appreciated. Mr. J. S. Redfield, of New York, who has furnished several excellent editions of standard professional authorities, is the publisher. Copies are to be had at Ticknor & Co.'s, Washington street.

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*Improved Dentistry.*—Dr. W. T. G. Morton, an ingenious dentist in Tremont Row, in this city, has recently executed some extraordinary



specimens of dental ingenuity, which make it a difficult question to decide which *looks* the best—nature's work or his! Within the year this same gentleman has constructed an artificial palate for an unfortunate female, that produced a sensation among those who are solicitous for the progress of those arts which immediately promote the physical comfort of our race. It is because we are proud of every achievement in dental surgery, and operative dentistry, for which the age is unquestionably distinguished, that a special notice is taken of these beautiful specimens of the handy work of Dr. Morton.

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*The Naturalist.*—About five miles from Nashville, Tenn., Franklin College, a well-conducted and prosperous institution, is located. The faculty propose publishing a periodical, to be called *The Naturalist*, of 48 pages, monthly, which will embrace certain distinct departments of science, under the special direction of a competent individual. Natural History is to be appropriated to Prof. I. N. Loomis, and will embrace geology, mineralogy, zoology, entomology, botany and agricultural chemistry. Horticulture and agriculture fall to President Fanning. Another division embraces education, and the whole circle of human knowledge may be embraced; even literature has its distinct editor.

There is but one apparent drawback in regard to the prospects of a Journal of such promising value—which is, there are too many editors. It has been the experience of all who have ever had an interest in similar enterprises, that it is just as impossible for several editors to conduct a periodical as for several men to be in command of a ship in a storm.

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*Preservation of Health.*—Within a short time, a new work will be published in this city by Messrs. Ticknor & Co., on the Preservation of Health, by a professional gentleman of eminence, and of acknowledged qualifications for explaining the laws of life. Whenever it is in readiness for the public, an analysis of its leading propositions will be given in the Journal.

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*Berkshire Medical Institution.*—The commencement exercises of the Berkshire Medical Institution, on Wednesday, Nov. 12th, were attended by a large and intelligent audience. The Anniversary Discourse was delivered by the Rev. Dr. Alden, of Williams College. The Address before the Berkshire Medical Association, by Dr. Bulkley, of Williamstown, on the "Manners and Morals of Medical Men," was listened to with much interest and commanded universal admiration. The Degree of M.D. was conferred on the gentlemen of the graduating class, 35 in number, with a short and appropriate address by the President, Prof. Childs. The Honorary Degree of Doctor of Medicine was also conferred on Dr. John H. Haynes, of New York; Dr. Joseph W. Hatch, of Massachusetts; Dr. Silas P. Wright, of Massachusetts; Dr. John P. Benham, of New York.

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*Medical Miscellany.*—Mr. Andrew Snyder recently died at Lancaster Co., Penn., at the great age of 112; and Miss Courtney Brough, at

Hampton, Va., at the age of 104.—A boy of 13 died at Baltimore, of lockjaw, caused by running a rusty nail into his foot.—There are about 300 students at the Medical Institute, Louisville, Ky. All other schools heard from, have thus far matriculated very large classes.—Yellow fever had made its appearance on board a vessel at Malta, which will be likely to produce considerable commotion at that closely-quarantined port.—Charles Freeman, the American giant, a description of whom was published in the *Journal* on his arrival in Boston, died at Winchester Hospital, England, on the 25th of Sept., of consumption, having wasted almost to a skeleton before death.—Dr. James Holland, at Greenfield, was lately thrown from his carriage, and so badly injured that fears were entertained for his recovery.—The public health in India, especially the British possessions, is unusually good, with the exception of some sickness at Sukkur.—A pension of £200 per annum has been granted in England to Mr. James D. Forbes, Professor of Natural Philosophy in the University of Edinburgh.—The announcement of the resignation of Dr. Parkman at Castleton Medical College, was premature, as he will continue his connection with the institution for the present.—There was a class of 142 students at the last term of the Berkshire Medical Institution. A list of the graduates has been published.—Dr. Poullain, of Greensboro', Georgia, has lost \$60,000 by the conflagration of a factory.—On removing a coffin at Apalachicola, it was discovered that the body was face downwards, and that the lining of the coffin was torn as far as the hands could reach—showing that the person had undoubtedly been buried alive.—Dr. Patterson, of Rome, Geo., convicted of robbing the mail in two cases, has been sentenced to the penitentiary for 30 years.—Dr. Baker, of Georgia, is a candidate for Congress.—The third volume of Hahnemann's *Chronic Diseases*, translated by C. J. Hemphill, M.D., of New York, is published in that city.

TO CORRESPONDENTS.—Dr. E. Warren's paper on Inflammation of the Uterus, Dr. Deane's on the Treatment of Hydrocele, Dr. Hubbard's on Gangrene of the Lung, and Dr. Holt's Reply to "A Looker On," have been received, and will be published as soon as the communications previously acknowledged have been disposed of.

MARRIED.—At Rochester, N. Y., James Hubbell, M.D., to Miss G. H. Hopkin.—At New Market, N. H., H. R. G. English, M.D., of Springfield, Mass., to Miss M. P. Wiggen.—Dr. J. J. Kittredge, of Chelmsford, Mass., to Miss U. H. Hall.—In New York, Dr. Mark F. Halley to Miss Maria Fiske.

DIED.—At Berlin, Vt., Dr. Thomas W. Bailey, 34, of pulmonary consumption.—At Waterville, N. Y., Dr. James L. Palmer, 74, formerly of Windham, Conn.—At Ellisburg, N. Y., Dr. Eli Davis, 41, formerly of Sutton, Mass.—At Nashville, Tenn., Dr. Peyton, member elect of Congress.—In Brighton, England, Nov. 28, Sir Matthew Thierney, 60. He was the physician of William IV., and a great favorite of George IV.

Number of deaths in Boston, for the week ending Nov. 22, 44.—Males 23, females 21. Stillborn, 8. Of consumption, 5—lung fever, 1—apoplexy, 2—dropsy on the brain, 4—dropsy, 1—old age, 3—jaundice, 2—debility, 1—infantile, 1—smallpox, 3—croup, 3—disease of the kidney, 1—inflammation of the bowels, 1—scarlet fever, 2—teething, 1—throat distemper, 1—inflammation of the lungs, 1—hooping cough, 1—typhus fever, 4—canker, 1—convulsions, 2—marasmus, 1—scald, 1—unknown, 1. Under 5 years, 13—between 5 and 20 years, 2—between 20 and 60 years, 17—over 60 years, 7.

*Castration, when two years old, in a man now quite aged.*—In the Hotel of the Invalides is a man aged 71 years, who was castrated at Sens when two years old, by a villainous quack, to cure him of hernia. This mutilated person is of small stature, his extremities are slender, his bones feeble, his voice sharp, and his chin without beard. He does not detest women, but when near them has only fugitive desires, and his enjoyment in coition has always been scarce appreciable. His penis, like all organs which do not perform their functions, is atrophied, and the prepuce is much longer than the gland. In this stunted body, which has evidently been arrested in its development, there has nevertheless been energy and courage. This individual, though exempt from military service, joined the army—he was in the wars of the French Empire, and the scars which he bears are authentic certificates of his ardor in battle, and of his bravery. At present, one is struck in passing his bed, with all the traits of an old woman. Notwithstanding his advanced age, his memory is good; he relates, with precision, the events in which he assisted, and his language is expressive of much goodness of heart. Everything about him breathes the air of sadness, and the impress of a vague melancholy; a regret attaches to each step of his life, and which has its origin in the dreadful mutilation to which he was made to submit in childhood.—*Journal des Connaissances—Southern Med. and Surg. Journal.*

*Poison by Tartaric Acid.*—It has been questioned if this acid be a poison. Pommer and M. Orfila are for the affirmative; Coindet and Christison for the negative. The following fact strengthens the opinion of the two first named:—Wm. Wats, being affected with rheumatism, applied, the 7th Dec., 1844, to Charles Watkins, druggist, to purchase two ounces of Epsom Salts. Before leaving, the thought suddenly struck him of changing it for another salt less bitter. This was granted to him, and having returned home and dissolved the new article given him, he swallowed it. His face, some moments after this, became red. He cried out he was poisoned, and then ceased to speak. Other symptoms were developed, and Mr. Wats died on the 16th. Mr. Brood, charged with the examination of what remained in the glass from which he had drank, recognized tartaric acid. The apothecary, Mr. Watkins, confessed his error, and attributed it to the change which some one had made of the bottle of the acid, for that commonly occupied by an insipid salt.—*Pharmaceutical Journal—Ibid.*

*Phosphorus Paste for the destruction of Rats and Mice.* By M. SIMON. —The following is the formula for this paste, as published in the Berliner Medicinische Zeitung:—

Take of phosphorus 8 parts, liquify it in 180 parts of lukewarm water, pour the whole into a mortar, and add immediately 180 parts of rye meal; when cold, mix in 180 parts of butter melted, and 125 parts of sugar.

If the phosphorus is in a finely divided state, the ingredients may be all mixed at once, without melting them.

This mixture will retain its efficacy for many years, for the phosphorus is preserved by the butter, and only becomes oxydized on the surface.

Rats and mice eat this mixture with avidity; after which they swell out, and soon die.—*Journal de Chim. Médicale.*

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DR. CHANNING'S INTRODUCTORY LECTURE.

[Concluded from page 337.]

BUT whatever be the popular estimation of medicine, there is one fact in its history which challenges for it the highest public confidence. I refer to the progress which it has made within a few years, and which it is daily making. In this fact do we not find good cause for congratulation? By new modes of investigating disease, a better assurance of the truth of facts, their more strict and philosophical analysis, a wiser and wider observation, these and kindred agencies have distinguished our professional times, and contributed truly to the progress of medicine. The numerical method, which though by some is nothing but counting, and what more is it? has done excellent service. It has done something to determine the frequency, and character of disease as far as it is applicable, and made sure what was formerly so unsettled. A man who has any due sense of character must *count* now-a-days. It will not do for one to say he has cured consumption very frequently, in questionless cases. He must add up his numbers. He must tell us what the precise number is.

But the numerical method, counting as it is, demands much more than simple addition. You must know what you count, and you must furnish the proof that you are right. The medical witness must not only be of unquestioned veracity. He must have knowledge, exact knowledge, or his testimony will be worthless. His reports will have equal value with the story of the three black crows, which turned out no crows at all. The illustrious Louis, and his great predecessors and contemporaries, have established the paramount importance of diagnosis, or the distinction of diseases. Nay, he and they have extended their severe methods of investigation to the agency of particular medicines or remedial methods of treating disease. Bouillaud has told us exactly the number of cases of rheumatism in which he has used bloodletting. Its quantities, its immediate and remoter effects are given, and so we have learnt when and how it may be best resorted to. A very important result of the later methods has been the reduction of the types of disease, by finding in a single type the paternity of a whole pathological family. Philosophy delights in the fewest causes for the explanation of its phenomena. Gravitation solves the problem of the motions of the universe. Medicine is daily approaching its highest philosophy; and who knows but that it may, in its progress, make itself unnecessary, by disease being resolved into a unit,

and its treatment into a single method. In another way has professional progress usefully affected the popular view of medicine. Less and less reliance is placed in the very active treatment, the heroic medicine of an earlier day. How much easier, it is asked, is disease treated—how little comparatively is done for it—won't you do more in this case?—where is calomel?—where is bleeding? So questions come. But the physician pursues his plan. Disease is shorter. Suffering is less. Recovery is more certain. In our enumeration of causes which have relieved medicine of much of its popular mystery, increased longevity, the result of a better hygiene, and the diminution of malignant diseases or of their power to shorten life, should not be forgotten. I might here mention the diminished mortality from smallpox, and the great deduction from its whole morbid power by the substitution of vaccination. And so of syphilis. What change and improvement have been made in the treatment of this disease, and how much have its destructive agencies been controlled, and its injurious results been obviated?

While the progress of the profession may, as alleged, for the time, have given power to that which opposes its interests, let it never be forgotten that the physician who deserves public confidence is now as sure of it as he ever was. If the public look for a more excellent way in a practice in which its own opinions are taken, its adhesion to such practice will be pretty sure to fall away when such opinion ceases to be cherished, or to be consulted. In other words, in the time of danger the highest authority will be demanded, and he or she who for a time has yielded to the fascinations of the new, will surely seek safety in the old, and the tried. The only power of our calling is in its true knowledge, and never in its history have the means of such knowledge been in fuller measure, or wiser operation. It is for the physician to secure the whole benefit of such power to the public, and to his profession. It is the paramount duty of the student to make such power his own.

I have thus spoken of medicine as a profession, as a life, as a profession for life. We have seen it having intimate connections with all the great interests of life. We have learnt what are its demands upon him who has devoted himself to its stern service. It demands the exertion of all his powers. It calls into exercise the whole moral, intellectual, and physical. I enumerate the last, since surgery is one of its departments, and, as the word imports, is "handwork." It asks for the highest cultivation of the senses. The eye is its servant in observing external diseases, and with these all those changes, of expression and manner which come under its notice, the whole physiognomy of disease. The ear is called upon as the instrument for detecting diseases of the chest, the respiratory sounds in all their varieties, and those communicated by the heart. Touch, taste, and smell, are all in requisition.

Let it be remembered, then, by the student, that medicine is not a dogma, nor has it its reputation in an age, or in a name. It is, in its principles, the great, the sublime generalization of an infinite number and variety of facts, the observation and collection of which, beginning with the priest-physicians of Egypt, have been continued to us through

the heroic medicine of Greece—by the votive tablets in the temples of *Æsculapius*—by the depository of all earlier learning, Arabia—by Rome—and through all the succeeding times. The principles of medicine are the inductions from every fact which its disciples have seen, studied and recorded. To us, this day, it is philosophical criticism, examining and propounding the character of all medical doctrine. It is philosophical classification, giving permanent place to, and establishing the relations of, all facts. It is scientific nomenclature, giving expression to them all. A man to have true influence in such a profession, must then have true knowledge. He must know many things, as well as the mass of men knows them. He must know some, are they not many? better than anybody else. A great man here, makes great, that to which he has given his heart, his hand, his mind. His labor becomes worthy of his whole power and being, by the transfusion into it of a noble spirit. It has then in it, emphatically, him whose it is. He is its present life, and its present honor; and in his own immortality, it becomes itself immortal.

Now in what consists preparation for such a profession? What is he to do who has this day begun its study, and who has devoted himself in that act to the highest service of man, who means to live in the present, and has in that purpose the prophecy of living in the ages to come? A German writer of wide fame has left a work on the "Vocation of the Scholar." What is the vocation, the calling, of the physician? I have answered the question, imperfectly indeed, in the views offered of the nature and demands of the profession, and shall proceed at once to speak of the preparation required of the student by its duties. I enter here upon no light work. Is it not the most important which can occupy the mind—how another mind shall be trained, or may train itself so as to bring out into full life its whole powers, and in doing so render the truest service to the race?

Says Locke, he who would obtain truth, must begin with the love of it. We profess to study, or to search for truth, in all intellectual and moral effort. Is there any pursuit which has for its object more important truth, and in which the difficulty to obtain it is greater, than medicine? Let him who has, or is about to devote himself to it, begin with a love for it. The preparation for its practice is in *time*, and in its *employment*. I do not ask here how much time it may be necessary for each one to devote to the study of medicine. I know not, and who does, certainly does he not who is making preparation for active life, how much time is demanded to make it perfect. And yet for a moment let us see what are the official arrangements in this matter. The length of time a student shall devote to this preparation varies in different countries, and in different parts of the same country. What answers very well in one State in this Union, will not answer in another. In one, if a student be a graduate in a college, two years of medical study is thought sufficient. In most, if not in all others, three years are required. But where this is the case, in some schools, if the student have attended two courses of lectures, though one course follows directly upon the other, he may be admitted long before the three years expire; and a President of a Col-



lege once said to me, in a correspondence on this very subject, that he thought if a student could pass an examination after two years or more of study, he was quite as deserving of a degree as was he who required many years for the same preparation. Then, again, the length of lecture terms. This differs. In one school it is thirteen weeks, in another seventeen. The number of teachers greatly differs, in some being six, or even eight, in others three or four. In many schools professors are non-resident, but supply two or more schools in succession. In order to do this, the same professor gives two or three lectures a-day, sometimes two in successive hours, so that he does up his teaching in five or six weeks. He then examines the candidates for the degree in his department, and of course without any knowledge of their appearance in the others, he leaves a vote for or against, just as he appears in his own. Then again in regard to hospitals. In some schools they form a part, is it not almost the most important part, of preparation?—in others they form no part of it at all. Where they do, the pupil sees the sick with his own eyes—witnesses the mode of examining cases by skillful, able men—hears the order and kind of symptoms—knows what the treatment is, and sees the result. At the clinical lectures, both in surgery and in medicine, he is taught, thoroughly taught, disease in its immediate illustration, and if he have man in him, knows what his duty is, and performs it in this highest regard, he goes home, or into practical life, with true preparation for his duties. Suppose he passes his years of study in a city where is a hospital, and diligently visits it. So much better is his preparation. So much better his claim to the public confidence and respect. See now, for you may, what is a medical education without such means of knowledge.

Medical Schools, however, do not only give authority to practice. Medical Societies do the same. These require three years of study, it may be. They prescribe a certain course of reading, the same for all, and demand a good moral character. But they demand no courses of lectures and no hospital attendance. Like the Schools they require satisfactory examinations. What a variety in requirement! How comparatively full, how positively deficient. Does not the question almost arise, if in such confusion, and so much imperfection, if true means of preparation exist at all?

Abroad much of the same thing exists. But the division of labor there, secures comparatively ample time for the separate study of each department. Surgery makes an independent study, though the principles of medicine make part, and its practice in many cases obtain. So does medicine, that being more exclusive, the physician never being acting surgeon. The division is deeper than this. The eyes, ears, toes, tendons and teeth, have special study. Midwifery in some sort exists alone. Now in such an arrangement, the time of study abroad, the apprenticeship, the hospital, lectures, apothecary's shop, &c., all go to make the student accomplished in his art. The examination is a severe one in all the colleges for degree, license or fellowship. And the chance is the public is well served. The general practitioner, so called in England, he

who combines in himself many or all departments, has recently excited much public and legislative interest in regard to preparation and qualification, and the Bill in Parliament, before referred to, has these matters specially in view.

Now here we are, all of us, general practitioners. Our two, or at most three years study, which taking out sickness, vacations, amusements, may be reduced one third or more—with lectures or without—with hospital or with none—with old books, or with new—selected by the teacher, or not selected at all, or by the student himself—these constitute the variety of means of our preparation for entering a profession distinguished by the number of its departments, its diverse interests, its grave responsibilities. The subject occupies deeper regard every day, and every year. Abroad it is a topic of intense interest. In America men are constantly directing to it the attention of the profession. I have before me now a circular calling for a Convention of Physicians who shall take the subject of professional education into deep thought and propose measures of reform. We have seen how different are the requirements of different schools for the same degree, or license to practice. What is equally worthy notice is the fact that in every school each student is to be equally taught in the same time. The amount required therefore of each, can with justice be only that which he who has the least or an average power of acquisition, may learn, and so the highest knowledge may not be presented as an object of general or individual attainment. The examinations may not meet the whole difficulty of the case, and an inferior standard of qualification come to be established. The same remark, it may be said, applies to all other education, that of the university for instance. And so it does. But the demand for something higher in a profession is found in the fact that this is to fit a man for practical, responsible life. The college study is but a step on the way to that life. The public has a right to the highest qualification for the highest duties to which any of its members may devote themselves. Especially may it demand that the preparation shall be ample, if not perfect—that there shall be fitting knowledge acquired, if not all knowledge.

What shall be studied? I received a letter, a few days ago, asking what course of previous reading this school required for attendance on its lectures, and what course it prescribed during the lecture session. I was glad of the request, for it allows me to say something of a very important subject. What shall the student read? "Action, action, action," said Demosthenes—and "Coke, Coke, Coke," might have said one of the most distinguished jurists in English history, Lord Eldon, for in Action was the secret of true eloquence with the Greek orator, and Coke's Commentaries on Lord Littleton was English law to Lord Chancellor Eldon. But again, what shall the medical student read? Blackmore, afterwards Sir Richard of that name, and a distinguished physician, and a very voluminous poet, being about to begin the study of physic, went to Sydenham one day, and having told him his purpose, asked him what book he had best read. "Don Quixotte," answered the English Hippocrates. I do not stop here to ask what was there in the case of the applicant

which led to the singular advice of Sydenham. I will at once point out such a method of study as observation, and such works as I have consulted, seem to me most strongly to recommend. I shall speak of *Time*, and of its *Employment*.

Let then the first 18 months be devoted to anatomy, human and comparative, chemistry, botany, mineralogy and geology. Let the student attend lectures on the above branches, and these only. Let him visit a hospital, but devote his attention mainly to the observation of external diseases, surgical for instance, and diseases of the skin. While attending lectures let him dissect, and if possible become an assistant in the chemical laboratory. In these studies, especially in anatomy, lie the foundation of medicine. No physician can safely want the knowledge of them. No one can be an accomplished, thoroughly educated physician without them. They have been the studies of the most eminent physicians of all times. Chemistry has had its birth and growth in our profession. It has now its place among the exact sciences, and has its methods from the most profound and severe of them all. In its investigations of the organic, and the inorganic, it occupies the widest space in the field of science. It is full of interest. It has been loved with a devotion which no other branch of medicine has reached. No one can be a true scholar in this profession without a profound knowledge of its principles, and of their detailed practical applications. The other studies enumerated possess great interest. What of disease was named addresses the mind through the senses. These last acquire their best cultivation in this way, and also by those portions of natural history which were stated to be indispensable to the medical scholar, for themselves, and for the important aid which they bring to the studies and practice, of the whole profession.

I have omitted a study which may well come in, in the first 18 months, the History of Medicine. A student should early know something of the progress of that pursuit to which he has devoted his life. He learns how so much of time, so many ages, have been filled by his calling. He begins with his mind as much wanting in knowledge of the matter, as was the time in which it has been brought to light. He begins with the earliest, the fabulous periods of medicine. He travels through its ages, noting who have marked them, and by what they have distinguished them. He knows little or nothing of the doctrines, or of the practice which pass before him, for it is not literary history he is studying. And for his purpose he does not want such knowledge. He is filling his mind with chronological epochs, with distinguished names, and with individual mind and character. He is a witness of struggle, of defeat, of victory. Insensibly his own mind becomes awake and alive to the fact that the profession to which he has devoted his life is worthy the devotion. He insensibly takes his own place, or feels that he has one to take, in the long and venerable history of a noble art—of an art which has occupied great minds, undergone mighty revolutions, but which in every day of its being has had for its purpose true good to the race. Let him then study Le Clerc's History of Medicine, and Clifton's Hippocrates, the Life; Millar's Disquisitions in Medical History, Cabanis's Revolutions in Medi-

cine, Friend's History of Medicine, and, latest and best, Kurt Sprengel's great work on the same, in nine volumes. I name those which are before me, and which will reward study, and make pleasant relaxations from severer studies.

The two following years will embrace the study in all branches of medicine. Two full courses of lectures, with dissections, daily visits to a large hospital, and diligent study of medicine in its varied literature. These two years form a most important time for the student. He must lay his back to the work. Everything else is to be subordinate, and used only as means to help him in his proper toil. It must be felt to be toil. He must read a great deal. He must forget a great deal to know much. A volume may give him but a single thought or fact for memory, but that fact will be a jewel. It has cost time, but it will last forever. Said Johnson to a young man who was vaunting himself on his wide reading and knowledge, "I have forgotten more than you ever knew." I once consulted a very aged physician, of much reputation in our community, on the treatment of an advanced case of fever. He went to his bookshelves, and from a high one took a volume which was Brocklesby on Fever. He turned rapidly its leaves, and in a minute or two put his finger on a particular paragraph, and bid me read it. I did so. It stated that in some moments of advanced fever an emetic was useful. Said my friend, "I have not opened that book before for forty years." Probably that one paragraph, which contained what he judged to be very important knowledge, was the only one which remained in his long memory. The student then must put it to his account to read a great deal. Let him from the beginning of his studies keep a Common Place Book, and into this let him make daily entries from books, and of such thoughts as specially occupy him in study. A vast help is this in the study of a science so full of fact and theory as ours. I may add, I hardly recollect a distinguished man in any field of literature or science, who has not faithfully availed himself of this means of acquiring and retaining at command, knowledge. Examinations with fellow students are always useful. I remember a public medical teacher of much eminence, in recommending such exercises, said, that a student could hardly be said to know what he had not in words, in language, communicated to another.

Three years and a half are now disposed of. Let the student now present himself for a degree. I think with this preparation, he may do so with some confidence. Having obtained his degree, let him go to Europe for a year, and study medicine in the vast practical school which is established there. I would advise him to give four months of the time to a residence in a Lying-in Hospital, to which is attached wards for the diseases of women and of children. Dublin offers a most excellent field for such studies. Let the rest of the time be filled with such studies as are most favorably pursued abroad. Branches which were first studied at home, may be practically reviewed there, especially the collateral, while for the immediate, most ample opportunities exist. Permit me here to offer a simple caution, and which has application to the whole time of study. I think it is needed in the present day. Let the student be

careful to avoid exclusive regard to particular diseases. Within a few years special attention has been directed to a few particular subjects. Laennec, Louis, and others, have given an interest, which may become paramount, to particular diseases. Fever and phthisis are among these. Great interest has come to be felt in the diagnosis of these affections, and it has reached great perfection. Their anatomical characters, as observed after death, have been so thoroughly studied, and their laws so accurately established, that perhaps little more is to be learned concerning them. But they form but a very small part of pathology, and to be too exclusively devoted to them will interfere with the acquisition of a vast amount of indispensable pathological knowledge. A physician should never be a devotee to specialities. He must not be a slave to the rare, or to the few, however important. His pathway lies through disturbed functions, oftener, much oftener, than by the side, or through the regions, of grave lesions. He must be very apt to detect the former, and to relieve them, too, or he will not have a wide name, or a very full practice. Medicine must not be to him a "wonderful magazine." It may be, it will be, a book in which he may read "strange matters;" but he will find in it everywhere problems of the every-day, and the true, in which thousands are more or less deeply interested, and of which they will look to him for the practical solution. An exception to the rule suggested here, may be found in some strong predilection for some particular branch of the profession. Especially may such arise when the medical student is at work in Europe. Suppose now he have strong preference for some particular investigations, or to prepare himself for some particular branch of his profession, whether in medicine or surgery. Let him give time to such. He may do this without important sacrifice of other matters, and come home in his general preparation for professional duties, with a special knowledge which may stand him in excellent stead, and fit him for important special services to others.

And now let me ask what will be the product to the student of so much time, and of such faithful employment of it. I say *experience*. By this word I mean here that intellectual perception, and that appropriation of what others have seen, thought, and recorded, as will make them his own, just as if he had witnessed them himself. His mind has been daily in sympathy with the minds of others. He has not only imbibed their spirit, but he has got their knowledge. They have been to him eyes, and he has through them had perfect vision. Barthez says somewhere, "that a man of strong judgment, and competent sagacity, may contribute much more to the real progress of a science of facts than he who is principally occupied with experiments." So our student in the wise use of his own mind upon what others present to it, may come to make a better use of knowledge than its teachers. The course of preparatory study, however, above indicated, will bring the student into direct contact with facts, with disease in its present living example, and so make him its witness. It will do this for him, when his mind is prepared for observation, and for reflection upon that which is presented to it, and so daily enable him to institute comparisons between that which he reads and

sees, that authoritative inquest which is to result to him in truth, namely in all that truth to which he is at the time able to reach.

I may be asked if my subject does not demand some allusion to those moral qualities, and personal habits, which take so wide a part in the progress of a professional man, and if I have no detail of study to present? I say no. Vogel, a German writer who has written at much length on the education of the medical student, has devoted a long chapter to the first topic, and Young, in his *Medical Literature*, both before me, does the same for the latter. Young takes the future physician at 2 years of age, and prescribes specific studies for him till 18, and then teaches how in the three succeeding years he may be made into a physician, a surgeon, or a what not. But I have here no directions to offer. If I have succeeded in my attempt to show somewhat concerning the true nature of medicine, and in what consists preparation for it—if I have said that which will make the student faithful in his studies, have spoken for them, so to say, all his time—if I have done that which will bring into living action his intellectual and moral nature, and showed him what it is to be a man in his noble calling—if I have in any true sense done these things in the short hour we have now passed together, I shall not fear but there will come out of it a true revelation of what a man's conduct should be to secure for him all needed success. It may not make him a very rich man, but it will prevent his being a very poor one. It may make him a wise and a good man, and with such result, is it not the truest success? let him be content.

#### AXILLARY ANEURISM CURED BY COMPRESSION.

*A Case of Aneurism cured by Pressure on its distal side. Presented to the Vermont Medical Society at their Session, at Castleton, June, 1845, by MIDDLETON GOLDSMITH, M.D., Professor of Surgery in the Castleton Medical College, and reported by J. A. ALLEN, M.D., Corresponding Secretary, Middlebury, Vt.*

[Communicated for the Boston Medical and Surgical Journal.]

MR. ——— BELLOWS, the subject of this case, is a native of Vermont, healthy, but not robust, and 20 years of age. In the month of February last, while engaged in the marble quarry at West Rutland, he received some fragments of marble, which were propelled by an accidental blast, into the anterior and lateral portions of his right breast, and into the axilla of this side. These wounds were not attended by hæmorrhage, and inflammation was developed about the small fragments of marble which his attendant physician, on account of their minuteness, had been unable to remove. For the first week or two, the case apparently progressed favorably, but after the lapse of three weeks, the patient observed a small tumor in the axilla, which gradually increased till he applied to Dr. Goldsmith, about the middle of April.

“At this time, I found,” said Dr. G., “an aneurism of the axillary artery, and apparently embracing it very nearly the whole length of the



vessel from the termination of the subclavian to the beginning of the brachial. The tumor was somewhat irregular in shape, and was observable by its lower extremity just below the tendon of the pectoralis major. The tumor pulsated plainly when grasped in any of its diameters, and ceased its pulsations when the subclavian was compressed as it passed over the first rib. And it gave the aneurismal thrill. The circulation was free but not strong in the brachial artery, and the pulse could be felt at the wrist."

In the opinion of Dr. G., the aneurism was of the false variety, like those which sometimes occur at the bend of the elbow from venesection.

"As the situation of the tumor was such," Dr. G. remarked, "that I could apply a compress upon the artery, at a point between which and the tumor there was no branch given off, I determined to try the effect of permanent compression. For this purpose, I used the common screw tourniquet, with three pads, to make the pressure on certain points, leaving the rest of the arm uncompressed. I put him upon the use of antimony and digitalis, and with these drugs I was able most of the time to keep his pulse reduced from the natural standard, 74, to between 45 and 55. I kept up the compression during the term of seven weeks; and for four, kept him under the influence of antimony and digitalis."

The pulsation in the tumor grew more feeble from the first application, till it disappeared on the 15th day. The tumor diminished in size until it was about as large as a pigeon's egg, when he was discharged. This was about the size of the tumor when the patient was presented to the Society. The tumor felt dense and membranous, and the circulation is restored, though feeble, in the brachial artery. This probably is through the medium of the recurrent branches at the elbow.

Preceding, during, and after the medical and surgical treatment, the patient, besides the attendance of Dr. Goldsmith, was seen and examined repeatedly by Dr. Sheldon, of West Rutland; Drs. Porters, of Rutland; Dr. Northrop, of Castleton; and Professors Perkins, Parkman and Carr, of the Medical College.

*Remarks.*—The successful event in this instance ought to be regarded as one of the most brilliant achievements of modern surgery. A proper estimate of its importance can be made by a consideration of the amount of pain and anxiety which was saved to the patient, and the degree of risk to which his life would have been exposed by the ordinary method of tying the subclavian artery. The former can be realized only by those who have suffered or are about to suffer from similar and hazardous operations. The sum of danger avoided can be ascertained with a tolerable degree of certainty by reference to Dr. Norris's table, showing the mortality following the operation of tying the subclavian artery, contained in the July No. of the American Journal of Medical Sciences. The table contains a report of sixty-nine cases in which the subclavian artery was the seat of the operation by the Hunterian method; and "*of these sixty-nine cases, thirty-six recovered and thirty-three died,*" nearly one half thus proving fatal. If Dr. Goldsmith had immediately proceeded to the operation of tying the subclavian, and thereby subjected the young man

to the unavoidable torture incident to such an occasion, and, at the same time, subjected him to an equal risk of losing with saving his life, the profession and the public would have been satisfied; and, if the event had proved favorable, the act would have been lauded as a splendid affair. As it is, the case has hardly excited any notice or attention. It has been very justly remarked by a distinguished European surgeon, that a surgeon, on commencing an operation, ought to feel chagrined because he was compelled to do like a savage what he had not knowledge sufficient to accomplish like a skilful man.

In the case under consideration the cure was very judiciously attempted by the combination of medication and pressure. *By making the pressure on the distal side of the tumor, it is believed, Dr. G. is unprecedented, especially in cases of axillary aneurism.*

M. Vernet attempted this method in a case of inguinal aneurism; but the pulsations were so increased, and the inconvenience so great, that it had to be abandoned. "This method," remarks Velpeau, "has been generally blamed, even by those who have adopted the idea of Brasdor on the subject of ligature; but yet it does not seem worthy of entire rejection. If, for example, it were necessary to treat an aneurism, above which it would be impossible, or at least highly dangerous, to apply compression or ligature; if, on the other hand, no important branch were furnished between the cardiac extremity and the free part of the tumor, it is by no means certain that, by compressing the artery on this latter point, you will not succeed in suspending the circulation in the aneurism, in occasioning the formation of a solid coagulum in its cavity, and, in short, of producing an obliteration of the arterial canal, and a perfect cure of the disease."

That which this eminent and learned French surgeon conceived to be barely possible, has been shown, in the present case, to be not only *possible*, but *safe, easy* and *practicable*. And, in fact, this instance, taken in connection with four or five other cases in which cures have recently been accomplished by compression made on the artery between the tumor and the heart, intimate in the strongest manner that the ancient method of cure by pressure has too soon been proscribed. And when it is considered that these cures by compression have occurred in succession in different hospitals, and under the care of different surgeons, we have reason to believe that the early plan of cure by pressure will be revived, improved, and probably, by an adoption, to some extent, of the method of Valsalva, supersede, in many cases, the modes of Anel, Hunter or Brasdor.

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#### EXTRACTION OF A BROKEN NEEDLE FROM THE HAND.

By Estes Howe, M.D., Cambridge, Mass.

[Communicated for the Boston Medical and Surgical Journal.]

**THERE** are few things more embarrassing, in ordinary practice, than being called upon for advice, in a case where a needle has been thrust

into the flesh, and is supposed to be still present. Very often the evidence of its presence is so equivocal, that one feels very doubtful as to the expediency of an exploration with the scalpel, even at the request of the patient, and still more so as to advising or urging the use of the knife. Yet where a needle is really present, in the hand or foot, or near an articulation, the importance of immediate extraction will not be denied. And where there is no reasonable doubt of the presence of a needle, its exact position, and the direction of its axis, are extremely difficult to determine. We are not at liberty to explore, by incisions in every direction, as we might on the subject, but must content ourselves, at most, with a moderate crucial incision; and it is too often the case that after a search for some minutes, unsuccessfully, our conviction of the existence of the object of our search, "oozes out at the end of our fingers," like Bob Acre's courage—the patient "is sure it's not there," or "it feels better and may work out"—while our backs ache, our eyes are dim with looking, our fingers are tired of *poking*, and we give it up, in a woful uncertainty as to the case, but quite sure that the patient has an ugly wound to no purpose. To be assured, therefore, of the presence of a needle, and within very small limits, of its exact seat, and the direction of its axis, is no small thing in such cases. Feeling confidence in our diagnosis, we may boldly continue our explorations to complete success—being always able to assure our patient, beyond a doubt, that we shall ultimately succeed.

CASE.—Mrs. F., while washing, thrust into the palmar surface of the right hand, about an inch and a half anterior to the pisiform bone, something sharp—probably a needle. Upon examination of the dress she was washing, the half of a needle was found, and the question was, whether the other half was, or was not, buried in the flesh. On examining the place, a small puncture was perceived, from which, I was told, no blood had issued, when I saw the patient an hour after the accident. I probed the puncture with the blunt end of a needle, pretty deeply, but could feel nothing, and upon pressure in various directions could not arrive at any unequivocal evidence of the presence of the broken portion of needle. The patient was very reluctant to submit to the scalpel, and I did not feel sufficiently sure to urge her to submit to it, while I was equally unwilling to have her run the risk of losing the usefulness of her right hand (upon which she and four children depended for bread), by suffering the needle to remain, if it were really there. At this moment, the expedient of Mr. Alfred Smee, described in an article in the "*Medical Times*," of London, occurred to me, and I resorted to it with perfect satisfaction. His plan is to ascertain the existence and position of the needle, by rendering it a magnet. This may very readily be done, by subjecting it for a certain length of time to the action of a moderately powerful magnet. I procured, from a friend, a pretty powerful magnet—a steel bar about a foot long and half inch square—well charged. This I bound upon the arm, placing one pole directly over the seat of the injury. Two hours after, I removed it, and upon bringing a small magnetic needle, about an inch and a half long, into the immediate vicinity of the injured

part, had the great gratification of perceiving that it was strongly acted upon, being attracted or repelled as I presented one or the other pole. By a few experiments I was able to satisfy myself very nearly of the position of one pole of the magnet; but the exact direction of the axis I was not able to determine without an experiment that I could not well perform with a needle suspended in the ordinary way, upon a point. I therefore magnetized a common sewing needle, and suspended it by a fine silk thread. Upon bringing the affected part very near it, it was obviously influenced, and upon repeated trials uniformly arranged itself in a particular direction, of course parallel to the axis of the imbedded needle. I had now established the presence of the needle beyond all doubt, and its precise position and direction. A very moderate crucial incision enabled me to reach and extract it, though not without some trouble from the extreme timidity, and intolerance of pain, in the patient. I am sure that I could not have induced her to submit to the operation, unless I had had perfect confidence myself in my diagnosis. Perhaps it may be thought that the magnetic needle would have been attracted by the imbedded needle before it was magnetized, but I ascertained satisfactorily, by experiment, that this was not the case.

It is true, so large a magnet is not always at hand, but a smaller one would have been effectual, and any person possessing an electro-magnetic apparatus might make one of any size. I have been so much pleased with the result in this case, that I shall never use the knife, where I have any doubts, until I have cleared them up in the manner described.

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#### ON THE TREATMENT OF HYDROCELE BY RETAINED INJECTIONS OF IODINE, AND BY THE SETON.

[Communicated for the Boston Medical and Surgical Journal.]

THE original plan of injecting stimulating solutions into the cavity of the tunica vaginalis superseded all other methods which anticipated a radical cure of hydrocele. This practice, which it is well known consists in a temporary retention of the fluid until the irritation caused by it ends in adhesive inflammation, and then in withdrawing it, has lately been so far modified that a solution of iodine in small quantities has been substituted for port wine and other astringents, and as an essential feature, is allowed to be *retained* in the scrotal cavity until removed by absorption. If the statistics which have accumulated in the European journals during a few years past are to be relied upon, iodine must be regarded as possessing specific powers over hydrocele. It is, however, difficult to comprehend that there is no bias or exaggeration in the statements published by the advocates of this exclusive practice, yet among them are many distinguished surgeons of the day whose word is beyond all question.

The practice, or discovery as it is claimed to be, of treating hydrocele by retained ioduretted injections, was first adopted by James Ranald Martin, a medical gentleman in the service of the East India Company, in Bengal, in 1832. Hydrocele is a disease of great frequency in the East

Indies, but we are told that the native inhabitants were reluctant to submit to the restraints imposed by the ordinary methods of treatment, and that operations for radical cure were seldom performed. But a glance at the following table shows the growing confidence with which the native inhabitants regarded the new treatment, and the extraordinary results that attended it. During eight years succeeding the discovery, the numbers treated at the Calcutta Native Hospital were 2393, as will appear by the following table.

In the year 1832	-	-	-	-	32
" 1833	-	-	-	-	49
" 1834	-	-	-	-	86
" 1835	-	-	-	-	121
" 1836	-	-	-	-	332
" 1837	-	-	-	-	528
" 1838	-	-	-	-	585
" 1839	-	-	-	-	660
Total					2393 cases.

Of this aggregate, 1265 were Hindoos,  
 " " 1076 " Mahomedans,  
 " " 52 " Christians.

In the latter years a large proportion of the subjects were from Orissa, where hydrocele is endemic. Incredible as the results seem, the physicians of the Hospital report over their signatures that the failures from first to last were rather less than one per cent., and that no complication has interfered with the operation, which has superseded all others in India. It would be interesting to bring up the foregoing table to the present year, but the details are inaccessible to the writer. Perhaps the Editor will be kind enough to supply them.

Results so eminently successful naturally suggest an inquiry into the details by which they are accomplished. The practice of Mr. Martin is very simple. When the serum, which often exceeds 100 ounces, has been evacuated, a dram and a half to five drams\*, according to the size of the tumor, of a solution of tincture of iodine of uniform strength, viz., one part of tincture and three parts of water, is injected into and is almost always left within the sac. The scrotum is then grasped by the hand in such manner that the fluid shall be carried over every part of the internal surfaces. The subsequent treatment consists simply in applying cooling washes and in giving a purgative. No confinement is required; on the contrary, the native inhabitants usually walk home immediately after the operation and return in a day or two. Some patients go to their occupations the next day, and most of them on the third and fourth days. It must be confessed that a like freedom would with us be followed by deplorable consequences, by carrying the inflammatory action

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\* Magendie's Formula.

and febrile disturbance by a great deal too far. Bransby Cooper relates the unfortunate case of a gentleman who walked home after the operation. The exemption of the natives of India from unfavorable terminations in the subsequent treatment seems due to peculiarities of climate and temperament.

The peculiar value of the iodine process is authenticated by Dr. Good-eve, another Indian practitioner, who employed retained injections in 272 cases with but two failures, or much less than one per cent. As a matter of course, a practice so successful spread rapidly into other countries, and a mass of corroborating testimony has been accumulated. Mr. Bransby Cooper asserts that since he has adopted it he has never failed. M. Vel-peau employed the remedy in 300 cases "without accident," and other French surgeons praise it. Dr. Oppenheim corroborates its efficacy, having used it successfully in a great number of instances. So that on the whole, abating many grains of allowance for exaggerations inseparable from the enthusiasm of almost absolute success, iodine must be regarded as a remedy of specific virtue in the radical treatment of hydrocele. It seldom causes much pain even when strong, and its action appears to be similar to that of nitrate of silver; it stimulates, then soothes irritation and pain, at the same time it promotes the required inflammatory adhesions.

I have no personal knowledge of this procedure, having commenced with the seton and having been satisfied with results. The ease and rapidity with which this method can be executed, and the certainty of procuring the necessary degree of adhesive inflammation, are paramount advantages which may be claimed for this process. With a long straight needle that will freely pass a small canula, the seton can be inserted in a few seconds. The trocar being introduced as in the method for injection, and the stilet withdrawn, the needle is immediately carried through the canula to the upper part of the tumor, and pushed through the integuments upon the point of the finger, taking care to exclude the testicle and spermatic vessels, which may be securely avoided before the contents of the sac are evacuated. I have frequently accomplished the operation by simply puncturing the tumor at its bottom with a lancet, and instantly passing the ligature through the aperture with a common curved needle. This is not a way, however, to be recommended, for in the hurry to insert the seton before the serum escapes, there is a risk of puncturing the solid contents of the sac; but when the needle is guided by the tube there can be no fear of wounding vital parts. The seton which I have used is one composed of many distinct threads, and the time of its retention has varied from one hour to two weeks. It may be withdrawn when the tumor has regained its former dimensions and when the inflammation is of a deep rosy tint, which is usually the case in one, two, or three days. In a considerable number of instances, I have had but one failure, and but one case of suppuration, in which the ligature was removed in an hour after its insertion because of the excessive pain which it occasioned.

*Greenfield, Ms., Nov. 15, 1845.*

JAMES DEANE.



## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 3, 1845

*Diseases in Illinois.*—A correspondent—a Professor in one of the Western Medical Schools—under date of Galena, Ill., Nov. 5, 1845, writes as follows respecting some of the diseases in the places which he has lately visited. It will be perceived he gives important information respecting the immunity from pulmonary consumption said to be enjoyed in the State of Illinois. We hope to be favored with other communications from our friend during the winter.

“I left the East some six weeks since for the West, and have wandered thus far, having just returned from Dubuque (Iowa) and Mineral Point (Wisconsin). I have travelled hither to see the country, and collect such information as might concern my profession. It has been extremely sickly throughout all the towns in the West the summer past, and the white faces and emaciated frames which greet the eye on every side show the work of malaria over this truly beautiful land. Fevers of various type have prevailed the season past. Intermittents, remittents, and what is termed congestive fever, have been the principal. Last spring, in various sections of Illinois, the epidemic erysipelas prevailed to an alarming degree, and was attended with its usual concomitant, puerperal peritonitis. I made extensive inquiry respecting the prevalence of phthisis in Illinois, and find, what might have been, *a priori*, supposed, that where malarious fevers are prevalent, phthisis is comparatively rare. In the mineral region, especially about Mineral Point, Wisconsin, where it is broken and hilly, and the streams run over rocky and pebbly beds, and are fed by springs, fevers are rare, but here I am informed by the physicians that consumption is quite prevalent, nearly or quite as much so as at the East, compared with other diseases. At Dubuque, twenty miles north of Galena, in Iowa, on the Mississippi, fevers prevail to a great extent, while phthisis is rare. At Galena, along Fever River, the same state of things prevails, but the surrounding country is hilly, with high bluffs of rock along the water courses. Phthisis is here quite prevalent. In selecting a spot for the consumptive invalid, all that is requisite is to settle on some of the level and fertile prairies (and a great part of the State is of this description), or on some of the river bottoms, and the chance is greatly in favor that the life of such invalid may be greatly prolonged; or where a strong predisposition exists, hereditary or otherwise, consumption may never be developed. These are facts which strike every one who has resided any length of time in the State, and have given rise to the remark that consumption does not exist in the State. This is saying too much. Individuals must, from the necessity of the case, emigrate West, who are strongly predisposed to phthisis, or who actually labor under the incipient form of it, and such are greatly in danger of dying, let them go where they will. The bland airs of the South, or the prairie lands of the West, will often prove a fallacious hope to the consumptive invalid. Again I would say to the consumptive invalid from the East, seek the rich alluvial

bottoms of Illinois, where malarious fever is annually prevalent, and the chance of life being prolonged is in your favor.

"Bilious pneumonia, or winter fever, prevails in cold weather in many parts of the West, particularly on the high, uneven mineral region. With regard to the diseases peculiar to the mining population of this region, lead colic prevails to some extent among those employed in smelting the lead, but the miners who dig the ore are as healthy as any set of men. The water is not impregnated with lead or copper, although on some specimens of lead the carbonate is found encrusted on the surface.

"In conversing with a great many physicians of Illinois, on the diseases of children, they uniformly speak of the absence of terminous diseases."

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*Successful Ligature of both Carotid Arteries in one Person.*—We are glad to learn that this operation has been happily performed by Dr. J. Mason Warren, in this city. The patient was a young man, about 22, who had been afflicted from birth with a nævus on the breast, neck, and face. A remarkable deformity of the skin, and even an increased development of the bones of the head, had been produced by this disease. But what had most troubled and distressed the patient and his friends was, the recent development of a fungus-like tumor on the inside of the lower lip, base of the mouth and of the tongue. This was increasing, had become ulcerated, and presented an alarming aspect.

As it was impossible to extirpate the diseased mass, it was concluded, in consultation with Dr. John C. Warren, successively to tie the two carotid arteries, which supplied this diseased growth. The operation was accordingly executed first on the left side seven weeks since, and a sensible diminution of the disease having occurred, the right carotid was tied five weeks after the left. The patient did not suffer any extraordinary symptoms when the second great artery was tied, and convalesced so rapidly that in ten days he was able to walk the streets. A still greater diminution of the morbid appearances has occurred.

This is the first time in which the operation of tying both carotids in one individual has been done in this place.

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*Medical Lectures in Maine.*—As usual, the annual circular of this school is abroad seasonably. The term will not commence till the 16th of February, which affords those who are now in attendance at other institutions, to have another series before the snow leaves. We have so frequently set forth the good reputation of the Maine Medical School, and referred to its library, cabinet, &c., that it is quite needless to do the same at present. If a re-organization of the working part of the machinery were effected, by the election of a resident faculty, we think the Trustees would be surprised with the success of the operation. As matters now stand, the medical department of Bowdoin College does not accomplish half the good it might. A board of resident professors would have a local reputation which would very naturally gather in students, who would study their profession entirely at Brunswick, for the sake of the opportunities of witnessing the practice of eminent instructors, and would manifest a partiality for a place, a school and society where they

were pleasantly and profitably situated. We have urged these considerations on former occasions, and our doing so has called up hostile feelings where there was least occasion for them. One gentleman ordered his subscription to the Journal closed, instanter, probably from a conviction that we had no right to make suggestions in regard to the condition of science or literature among the people of another State. A desire to have the Maine school take the high ground which it might and should have, with such capabilities and acknowledged facilities as it can always command, as the only medical institution of the State, and withal a favorite beneficiary in by-gone days of the legislature, has alone prompted these and similar sentiments.

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*Boylston Medical Society.*—The following gentlemen have been elected officers for the ensuing year.

Henry J. Bigelow, M.D., *President*; Samuel Kneeland, M.D., *First Vice President*; Mr. James W. Stone, *Second Vice President*; Mr. Robert Dixon, *Secretary*.

By the liberality of the late Ward Nicholas Boylston, Esq., a fund was established in the year 1823, the interest of which is annually bestowed in prizes on the authors of the best dissertations presented by members of the Society. Exercises for the promotion of medical and surgical science by means of debates, lectures, &c., occur weekly. Advantages are thus offered to the medical man to perfect himself in the art of *delivering* his ideas, which is as important as the *acquisition* of knowledge. No similar institution exists in this city, and, in the language of Dr. Warren, "there are but few other opportunities of acquiring a facility in extemporaneous address, without participating in political brawls."

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*The Petrified Woman.*—There is a special paragraph in the last No. of the British American Journal of Medical and Physical Science, published at Montreal, intended to show that we have all been imposed upon here in the States, by the *petrified woman*, so called. It will be recollected that all we said of the body being petrified, was simply the assertion of the exhibitor. Being screwed up tightly, beyond the reach of fingers, we could only look at the mass through panes of glass. The Montreal Journal says—"We have a specimen of it, removed by a penknife, and from the fleshy part of the fore-arm, and a beautiful specimen of *adipocere* it is." Again, the editor remarks, "Our object in noticing this, is to expose a humbug, and to defeat the cupidity of parties deprived of the finer feelings of humanity." Wherever the stone woman appears, after this, it is to be hoped that the scientific part of the public may be more fortunate than they have been in Boston, by being permitted to touch and take specimens. In that way the exhibition would subserve the interest of science as well as that of the owners.

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*The Young Stethoscopist.*—We understand that Dr. Bowditch, of this city, has in press a new work, under the above title, on the Physical Signs of Diseases of the Chest. It is intended as an aid to students, and to physicians resident in the country. About the middle of January it will, probably, be ready for the trade. There are in it between twenty and

thirty engraved illustrations. The well-known reputation of the author in stethoscopic explorations is all that is necessary to have his treatise well received by the medical public.

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*Medical Society of Quebec.*—On the 25th of Nov. a meeting of the Medical Society was held, for the purpose of receiving the report of its delegates to the Montreal Convention, Aug. 21st. Dr. Morrin presided, Dr. Badgley being Secretary. The mission to Montreal was unsuccessful, and the medical gentlemen of Quebec, by a series of resolutions, express their regret that matters eventuated thus. In a word, the Quebec delegation was not recognized as representing any medical district.

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*Blue Ink.* By M. MORNUNG.—Mix four parts of perchloride of iron, in solution with 750 parts of water, then add four parts of cyanide of potassium dissolved in a little water; collect the precipitate formed, wash it with several additions of water, allow it to drain until it weighs about 200 parts: add to this one part of oxalic acid, and promote the solution of the cyanide by shaking the bottle containing the mixture.

The addition of gum and sugar is useless, and even appears to exercise a prejudicial effect on the beauty of the ink. It may be kept without any addition for a long time.—*Journal de Chimie Médicale.*

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*Medical Miscellany.*—M. Barmel has conceived the idea of making a medal from the iron which might be collected from the blood of a subject. A wife of a member of the Ecole de Medicine, of Paris, says the Courier, wears a ring made of the iron which was extracted from blood taken from her husband during the course of a severe disease.—Smallpox appears to be exceedingly rife at Baltimore, Philadelphia, and many places West. There were eight deaths by it in Philadelphia week before last. Various towns in New England are also more or less afflicted with it.—A gentleman is represented to have died last week, a victim to an inveterate habit of smoking. He is said to have smoked thirty cigars in a day. The mortality of all Germany is thought to be very much increased, annually, by too much devotion to the tobacco pipe.—The state of health in the interior of Ohio is represented by a correspondent to be good this fall, and the weather through October was unusually mild and pleasant.—In a proof sheet of the Journal of Natural History, we notice an article by James Deane, M.D., on the fossil foot marks at Turner's Falls, Mass.

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MARRIED.—At West Topsham, Vt., Dr. Levi Burton to Miss S. Jenniss.—At Washington, D. C., Dr. R. Finley Hunt to Mrs. C. A. Crandall.—At Yorkville, S. C., Dr. J. F. Lindsay to Miss R. W. G. Frost.

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DIED.—At Snow Hill, Maryland, Dr. Wm. Riley, killed by being thrown from his sulkey.

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Number of deaths in Boston, for the week ending Nov. 29, 39.—Males 21, females 18. Stillborn, 7. Of consumption, 8—typhus fever, 2—dropsy on the brain, 6—inflammation of the brain, 2—lung fever, 1—smallpox, 4—hooping cough, 2—throat distemper, 1—infantile, 3—inflammation of the bowels, 1—old age, 1—scrofula, 1—inflammation of the stomach, 1—palsy, 1—croup, 1—rheumatic fever, 1—cancer, 1—intemperance, 1—drowned, 1.

Under 5 years, 15—between 5 and 20 years, 4—between 20 and 60 years, 18—over 60 years, 2.

*The Practice of Re-vaccination.*—Every medical man must be aware that the propriety or necessity of this practice has excited much attention of late, although its investigation has been unaccountably neglected by the profession in this country. To us there seems no one valid objection to urge against it. It has been said, indeed, that such adoption would unsettle the public mind in its faith in vaccination. Nor need this be regretted. The most fatal condition of the public mind, and from which much evil has already sprung, is *apathy*. Let public attention be fairly aroused, the merits of vaccination will then undergo renewed discussion, and its more general adoption will be the result. It is especially to Prussia and Wurtemberg that we are indebted for the experiment of re-vaccination upon a large scale. In the former country, of 216,289 re-vaccinations during 1833-7, there were 84,516 successful; and of 44,000 in the latter country, 20,000 succeeded. Frequently, too, cases which failed on a first trial succeeded on a subsequent one. The precise proportion of successful cases has varied from 31 to 45, or 46 per cent.—the period between the ages of 10 and 30 being found that most certain of success. Of course, no one infers that the success of re-vaccination implies a liability to smallpox in an equal number of cases. The operation, in fact, in the hands of Heim, proved successful also in 32 per cent. of persons who had already had the smallpox—a proportion infinitely greater than that in which smallpox occurs a second time. But, although we are unable to state the exact proportion of the vaccinated persons, in whom re-vaccination succeeded at the rate of 34 per cent., who would otherwise have acquired smallpox on exposure, yet experience has shown that this might have been considerable; whereas, among the many thousands who have undergone re-vaccination in Prussia and Wurtemberg, an example of the occurrence of smallpox has only here and there been observed. Moreover, in the case of an epidemic breaking out, it has been found, in various localities, that immediate re-vaccination has *arrested its course*—individuals in whom the operation proved successful and those in whom it failed equally resisting the disease.—*Med. Chir. Rev. Oct.*

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*Excessive Crowding.*—Mr. Farr has adduced a small portion of the East of London, containing a population in the ratio of 243,000 inhabitants to a square mile, as the greatest density attained in the heart of English cities; but, according to Dr. Duncan, there is actually a district in Liverpool “containing about 12,000 inhabitants crowded together on a surface of 105,000 square yards, which gives a ratio of 460,000 inhabitants to the geographical square mile; and if we confine the calculation to a smaller portion of this district, but still comprising a population of 8,000 (on 49,000 square yards), we shall find the inhabitants packed together in the proportion of 657,963 to the square mile.” In Nottingham, which is hemmed in by fields belonging to the freemen, it is stated by Mr. Hawkley that 4,200 people dwell in a square of 220 yards on the side (46,400 square yards), and that the average area to each inhabitant throughout the town, including the streets, is about 18 square yards.—*Ibid.*

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Just published in London, a work on Scarlatina and its successful Treatment by a new Method. By I. B. Brown, M.R.C.S.

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## INFLAMMATION OF THE UTERUS.

By Edward Warren, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ACCORDING to medical writers, inflammation of the substance of the uterus is by no means rare. Some have met with it in about half of their puerperal cases. Duges, for instance, met with it in three out of four, and Lee in ten out of forty-five cases.

As far as my own observation extends, however, strongly-marked cases of pure inflammation of the muscular substance, are not common. In my three years' practice in the Boston Dispensary, which, as is well known, furnishes abundance of midwifery cases, puerperal fever in all its varieties was frequent; but I never met with a serious case of pure uterine inflammation. Of course, when the peritoneal surface and the appendages are inflamed, the substance of the uterus often participates more or less, but in this case the affection of the part is absorbed, as it were, in the more general disorder.

Muscular inflammation of the womb may be distinguished by its coming on, shortly after delivery, with violent pain directly over the uterine region, attended with great tenderness on pressure, and increased exceedingly on motion. The pain and tenderness are confined to this single spot, just above the symphysis pubis; and do not extend over the surface of the abdomen. The pulse is generally of the inflammatory character, very full and rapid, and the tongue greatly coated. The urine and the lochiæ are commonly suppressed.

Among the causes of this disease, Dr. Dewees mentions: "The long and reiterated efforts the uterus is occasionally forced to make to overcome the resistance which opposes the expulsion of the child; whether this arise from rigidity of the neck of the uterus; or of the external soft parts; the construction of the pelvis; or the size or situation of the child."

In the two following strongly-marked cases, which have occurred in my practice, one remarkable feature was the readiness with which the organ was acted upon, and the inflammation more than once brought back, after it had been removed, by mental excitement whether pleasurable or the reverse. In fact, in both of these cases, mental excitement was the immediate cause of inflammation. This is not at all surprising



when we consider the influence which sudden surprises, whether joyful or painful, have upon this organ at all times, and especially in pregnancy.

CASE I.—June 4th, 18—, I was summoned, about 2 o'clock in the morning, to visit a lady who had been about four hours in labor. She was about 26 years of age, a little above the middle size, of sanguine temperament, and lively disposition. It was her first child. The pains were strong and the labor had progressed steadily from the time of its commencement. It continued through the morning, the soft parts yielding with difficulty, and the patient suffering much in consequence of the rigidity of the parts, the violence of the pains, and the large size of the child. After the birth of the head, there was still some difficulty in delivering the body. The child did not cry or breathe on birth; but after some time, animation was restored by the usual means. It became a hearty, robust boy.

The patient was soon after put to bed, and seemed to be doing well. On my visit the next morning, I found her sitting in a chair whilst having her bed made. The breasts were filled with milk, but owing to the contraction of the nipple, the child could not nurse, and it was necessary to use a breast pump. I remonstrated against her sitting up, and cautioned her against exertion of any kind.

On the afternoon of the fourth day after delivery, June 8th, I was called to her in haste. She had violent pain in the uterine region, with great tenderness on pressure over the uterus, but not over the abdomen generally. There was great fulness of the abdomen, and the urine was suppressed. The tongue was covered with a white coat; the pulse full, but not much accelerated. The flow of milk was still free. Bowels costive.

Although the patient was of full habit, yet as the state of the pulse did not indicate venesection, and as leeches were not accessible without great delay, I determined to trust, in the first instance, to the effect of calomel employed as a cathartic. I directed a large dose to be given instantly with a small portion of jalap, and to be repeated if it did not operate; warm fomentations over the uterine region, and a pill of calomel, opium and antimony, after the operation of the cathartic.

The effect of the purgative was as favorable as I could have wished. After two doses, it operated well, the pain was considerably relieved, and some urine was passed. On my morning visit, I found her much more comfortable. She was free from pain while perfectly still, but it returned upon the slightest motion. The milk was abundant, and there was no suppression of the lochiæ. In the afternoon there was a return of the pain, but it was relieved by fomentations and subsided gradually towards morning. The night, however, was restless, with frequent inclination to pass water, and great pain and difficulty in doing so.

The next morning, June 10th, I found her much as on the preceding day. The bowels being costive, I ordered a dose of castor oil; also the free use of slippery-elm tea for the urinary troubles. On the afternoon of this day, after some mental agitation, she had a severe return of the pain. I found two doses of the oil had been given without effect, but after an

injection she was again relieved. The night was restless and uncomfortable.

On the succeeding morning, June 11th, I found her free from pain except on motion; but on the slightest attempt to move there was that contraction of the forehead which evinces sharp internal pain, and is generally indicative of organic disease. The respiration was hurried, and attended with groaning. These were unfavorable symptoms, but there were others of an opposite character. The pulse was still favorable, the milk came even more freely than at first, and there was less tenderness on pressure. The fulness of the abdomen also had been gradually subsiding. I had continued the pill of calomel, opium, and antimony, every night; and there was now mercurial fœtor and soreness of the gums. I may remark, in passing, that although I rely greatly upon mercury, especially in inflammatory diseases, I have always used it with so great caution, that for four years I have not produced soreness of the gums except in this instance. The action upon the liver and the secretions may be produced, and the inflammation controlled, without producing any effect upon the mouth. The slightest bad taste in the mouth is an indication with me to suspend and check its operation with sulphate of magnesia, in cathartic, or in smaller doses, as the case may require. In this way, we derive more benefit than can be obtained by salivation; without any of the evil effects of the medicine, and the course can, if necessary, be continued longer.

I directed a dose of Epsom salts as a cathartic; six grains of Dover's powder, three times a-day; and twenty drops of nitrous ether three times a day. The decoction of slippery-elm bark to be continued. If the pain returned, an injection to be given immediately. Fomentations to be continued.

June 12th.—I found her more comfortable than yesterday. The afternoon and night had been passed without severe pain. The difficulty of passing water continued, but was less in degree. The tenderness in the uterine region was somewhat less.

From this time, there was a slow but steady improvement in all the symptoms. Her nights were kept tranquil by the use of Dover's powders, the bowels regulated by injections, and the urinary organs by spirits of nitrous ether, and the decoction of elm bark. The patient, in the mean time, was kept perfectly still in her bed. Toward the end of June, she had improved so far as to sit up in bed for a little while at a time.

On the second of July, however, after some mental excitement, occasioned by receiving very agreeable news, the pain suddenly returned; and I was again summoned in haste. A gentle opiate was given, the pains gradually subsided, and the recovery was not retarded. In a week from this time, the patient was able to leave her room. She gradually gained strength, and recovered her usual degree of health without further impediment.

In this case, the active remedies were cathartics, fomentations and opiates. The specific effect of the submuriate no doubt had a powerful influence in subduing the inflammation. The use of warm fomentations

is recommended by Dr. Clarke, but objected to by Dr. Dewees. In this instance the benefit was very apparent, in relieving the pain and in promoting the passing of urine. The pain diminished almost immediately upon their application.

Some months after her recovery, the patient left the town; but I have since learnt that she was confined a second time about two years after, and suffered more in the consequences than she did with her first child; as she had swelled leg, and her convalescence occupied three months.

CASE II.—August 4th, 18—. First child. In this case, the patient was nearly of the same size and age as in the former; but of nervous instead of sanguine temperament.

I was called to her about 12 at noon. The pains had commenced about 10 the night before, and continued steady. She was sitting up, and the dulness of the pains indicated that the first stage of labor was not completed. Upon examination, I gave my opinion that delivery would not take place under six or eight hours. About 5, P. M., the pains changed their character, and became sharp and powerful. They increased in severity, becoming almost constant. There was less pain in the back than usual; the suffering being mostly in front, and continuing in the intervals of labor pains. The suffering was extreme, though, perhaps, not very much greater than is frequent in females of similar size and age, who generally undergo more than those of smaller figure and laxer fibre. Some of the most melancholy and striking instances which rise to my mind, and which may occur to the minds of many of the profession in Boston, of fatal results ensuing after confinement, took place in ladies of nearly the same size, age and figure of the subjects of these two cases.—The only peculiarity in the delivery was that, whether from the size of the body or the shape of the head, it remained an instant half delivered, with the os externum stretched to the fullest degree; the pain subsiding, and leaving it in this position, from which it could not be removed without violence. This was of course a moment of extreme suffering to the patient. On the return of the uterine contractions, it was expelled with very little assistance, about 8, P. M.; and the body readily followed.

To my surprise, the cries of the patient continued, and the assurance that her principal suffering was over, did not quiet her. The child cried lustily at birth; it was a stout boy with a large head, and an unusual prominence of the occiput. The patient became rather easier, and I hoped that on the coming away of the placenta, she would be entirely relieved. This came away at the usual time, but there was not the relief I expected. There was considerable though not excessive hemorrhage. The uterus contracted well, but there was considerable tenderness of the abdomen directly over it. I had spirit applied to the bowels, and gave her Dover's powders. After a little while she again became easier; and about 10 o'clock, I made an attempt to get her up, everything about her being thoroughly wet. On raising her a little, however, entire syncope took place; and I was obliged to abandon the effort. I

directed dry cloths to be placed next the skin, and applied a tight bandage, as usual, around the abdomen. I left her about 11 o'clock.

I was called to her again about 2, A. M. She had violent pain in the uterine region, with great tenderness on pressure. I gave an opiate, and had a powerful mustard poultice applied immediately to the abdomen. After a time, the pain was subdued, but nausea, tendency to syncope, feeble pulse and other marks of extreme prostration succeeded. I directed twenty drops of spirits of nitrous ether, and warm wine and water to be given alternately every two hours; also a cup of warm gruel every two hours. Warm fomentations to be applied immediately after the removal of the mustard poultice.

August 5th.—Visited her about 8, A. M. I found her more comfortable, pulse stronger. There was still considerable pain and great tenderness. In the evening I found her about the same. The bandage having slipped down and become painful, I re-applied it. As she had passed no water since her confinement, I directed hot applications to the lower part of the bowels, and gave spirits of nitrous ether every two hours; a pill of calomel, antimony and opium to be taken at 10 o'clock, and repeated, if necessary, at 12.

6th.—Passed urine freely after the warm applications; no severe pain. Abdomen much swelled, and bandage become so tight that she has had it removed. Bowels costive. The child has been put to the breast, but there is no milk. On inquiry, she says that she has never had any sensation in the breasts. Ordered a dose of castor oil. Pill at bed time.

7th.—The abdomen was considerably reduced after the operation of the oil. One or two large coagula were passed. Continues as well.

From this time to the 12th, she went on gradually improving. She was, however, liable to constant fainting on the slightest attempt to raise her head. Any motion of the body brought on pain. The pulse, through all this period, was slower than natural. The bowels were sluggish, and constant injections required,

On the first night, I felt exceedingly apprehensive that the patient would sink in the way women sometimes do, from the immediate consequences of labor, or from *shock* as it is called; and up to the present time, August 12th, I considered her situation as dangerous. This morning she appeared stronger and better than she had done. I had hitherto very strictly prohibited her seeing any one but those required to attend upon her; but she was now so much more comfortable that I tacitly permitted her to see a friend. Having had no operation, I gave her a mild cathartic.

13th.—About 5, P. M., I was called in haste. She had seen a friend who called, had considerable conversation, and become very much excited. During the visit she felt pain coming on in the uterine region, and it soon became very severe. I found her crying out incessantly with the violence of the pain. There was great tenderness above the symphysis pubis, not elsewhere; the abdomen was very full and tense; the pulse was increased in quickness; the urine and the lochia were still free. The cathartic had not operated. Being desirous of acting upon

the bowels before employing a more powerful opiate, I gave her Dover's powders, and ordered an injection to be given immediately. A strong mustard poultice was applied over the seat of pain. The tendency to deliquium put venesection out of the question. The difficulty of obtaining and applying leeches was the only objection to their use. After waiting about an hour, as the pain continued unabated, I gave her about fifteen grains of the submur. hydrarg., and afterwards powerful opiates. Two injections of oatmeal gruel with salt and castor oil were given in the course of the evening, and finally operated freely; and about 10 o'clock I left her considerably easier. Bags of hops wet with hot vinegar were to be applied to the bowels after the removal of the mustard poultice; and the opiates continued until sleep was procured.

On the morning of the 13th, I visited her about 7 o'clock. I perceived on entering the room, a strong cadaverous smell, increasing as I approached the patient. She was lying low in the bed, countenance yellow, pulse very feeble, voice husky. Says the pain left her entirely about 2, A. M., and she is now perfectly easy. Has had a very free operation from the medicine. The lochial discharge continues; urine free.

The entire subsidence of the pain, the marks of great prostration, and the foetid smell, led me to fear mortification. Dr. Dewees notices this smell from the lochiæ as one of the strong indications of a fatal result. I directed tr. sulph. quinin. to be given every four hours, and spirits of nitrous ether every four hours, crossing each other. Nourishment to be taken regularly every two hours.

In the afternoon, there was some slight return of pain, but it subsided readily after an injection. At my evening visit, I found she had rallied considerably. The pulse was stronger, the voice clearer, the foetid smell had disappeared; and, in short, there was an improvement in all respects. The immediate danger of gangrene was passed; but the friends had now taken the alarm, and were anxious for a consultation. To this I gladly consented; being very willing to divide the responsibility, as the case was still very critical. Dr. Hosmer, of Watertown, whom I have always esteemed it a privilege to meet, was applied to, and agreed to meet me at 8, the next morning.

I now omitted the quinine, but directed the nitrous ether to be continued as a gentle stimulant, and nourishment to be continued every two hours while awake. Six grains of Dover's powder to be given every four hours until she slept.

August 14th.—At 8 o'clock, I visited the patient in company with Dr. Hosmer. I found her much the same as last evening. She had passed a good night, and gave a favorable report. She had been a good deal agitated by the proposed consultation, which she had just been told of; but she now appeared tolerably calm. Her condition was this: Countenance and whole skin very white—the yellowness having entirely disappeared; mind perfectly clear; tongue little coated; no dulness of the eyes; pulse quick, but not of bad character; skin rather moist; urine and lochiæ free; abdomen greatly distended, tympanitic, giving the sound of a bladder filled with air. There was no severe pain in the uterine

region when perfectly still ; but there was great tenderness. Raising her head produced giddiness and fainting. Dr. Hosmer recommended an injection, twice a-day, of one drachm of ol. terebinth. in a pint of decoction of menth. viridis ; six grains of Dover's powder, three times a-day ; the abdomen to be rubbed with a liniment of ol. terebinth. and aq. ammoniæ.

At my evening visit I found her in considerable uneasiness, having had no operation, both injections being retained. I gave her an injection of a pint of gruel, with salt and castor oil, as above. Afterwards the following. R. Tr. opii camphorat., vini antimon., spt. æth. nitros., āā ʒ ss. M. A teaspoonful alternately with Dover's powder every four hours until sleep.

August 15th.—The third injection operated very freely, after which she was very comfortable. The tumefaction of the abdomen was considerably less. As the mustard poultice had removed the skin considerably, I had directed the liniment to be carefully applied to the sound part only. To my surprise, I found it had been rubbed freely over the whole abdomen, without producing any smarting. The ingredients of the liniment were fresh and of the first quality. As the injections the preceding day had worried and fatigued her considerably, I thought it better to omit the morning one. I directed the Dover's powders to be continued, and the liniment used freely. In the afternoon, I found there had been some return of pain. In other respects remained as comfortable. No sensation produced by the liniment. Dover's powders and drops to be used as last night.

16th.—Somewhat better. The abdomen still remains tympanitic and tender, but is a little less swollen. She has had cramps and considerable pain in the right leg.

For several days she continued pretty much the same, but about the 20th had some exacerbation of the pain. About this time the lochiæ ceased. As the liniment had produced no irritation, I now directed it to be omitted, and a blister applied above the symphysis pubis. I now determined to make trial of the submuriate, two grains every night with Dover's powder, until a slight effect should be perceived.

The good effect of the blister was very perceptible in removing the pain. She now gained more rapidly, the tumor nearly subsided, and the soreness became less. She had at one time considerable pain in the shoulders, and at another a severe attack of pain in the right side, accompanied with difficult breathing. This was relieved by a blister and opiates. When we take into consideration the whiteness of the skin, the tendency to deliquium, and latterly the pain in the chest, together with some of the other symptoms, there can be no doubt that, in cases of this kind, there is a tendency of the vital forces inwards, from the surface to the centre, producing an engorgement of all the internal organs, and hence when one is relieved there is a disposition in the others to inflame.

The mercurial course was continued for about a week, when as she thought she felt some soreness of the mouth, I discontinued it. She never had at any time the metallic taste, or mercurial fœtor. I now gave her a solution of Epsom salts with tincture of peppermint, &c. (one



ounce to four fluid ounces), a tablespoonful every four hours until it operated. This operated well, and the next morning there was not the slightest trace of mercurial effect upon the mouth.

I continued to visit her three times a-day until the first of September. At this time there was very little swelling, and the tenderness and soreness had nearly subsided. She had laid on her back now nearly a month, with perfect inability to turn in the bed or to raise her head. Every attempt to raise her produced faintness. As her progress in gaining strength was slow, I now directed the use of a tonic of gentian, cascarilla, quassia and rhubarb. For a short time past I had allowed her broth.

She continued to do well until Sept. 6th, when, after some new cause of excitement, she had a severe return of pain and swelling of the abdomen. I had kept the bowels regular by the constant use of laxatives, and injections; but, at this time, the cathartic latterly employed had failed, and she was costive. I gave her ten grains of the submuriate and an injection of gruel, &c. A blister was again applied to the abdomen. Dover's powders and the above-mentioned drops were used very freely. After the operation of the injection she became easier, and the pain wore off. Her strength was considerably reduced and her recovery delayed.

A short time after this, owing to a similar cause, she had another attack of severe pain accompanied with swelling. The tenderness and pain now extended over the whole abdomen. The pulse was more rapid than it had been at any time, and the face was slightly flushed. It had hitherto had the whiteness of chalk. The skin also was now dryer than it had been. In short, I now apprehended a regular siege of peritonitis. I ordered an injection of gruel, with two drachms of oil of turpentine, to be given immediately, and a blister applied. The drops of paregoric, antimony, &c., to be resumed and used freely. The injection operated very powerfully, producing a good deal of distress in the bowels, with nausea and fainting; but the pain was relieved, she became quite comfortable, and in a day or two the swelling and pain disappeared. After this attack, I omitted the tonic, and determined upon keeping the patient moderately under the influence of sedatives the whole time. To this end, sixty drops of the preparation above mentioned, were given every four hours during the day; and compound ipecac. powders every three hours during the night.

After the 10th of September, I found it necessary to visit her only once a-day. There was a slight perceptible gain from day to day; but she was still perfectly unable to move her body or to raise her head. She continued slowly to improve, through the month of September. At the end of this time, there was no soreness or swelling in any part of the abdomen; and no tenderness on pressure. She was gradually obtaining power to move her lower limbs, and began to lie with her head a little elevated. Dizziness still occurred, whenever the head was much raised. An attempt to raise her, produced pain throughout the spinal column. The pulse still continued very slow and feeble, and the whiteness of the skin remained. I now gave her fifteen drops of tincture of sulphate of

quinine three times a-day. About the 6th of October, I had her lifted from her bed into a chair; and in the course of a day or two, she was able to exercise her feet by rocking. The first attempts at moving the lower limbs from a horizontal posture, were attended with great pain; and for some time they swelled very much during the day. Still greater pain was produced by her first attempts at bearing her weight upon them; and still more by her first attempts at walking. The stomach was still very delicate. I had for some time past allowed her broth, the juice of meat, and a little bread.

By the 21th of October, she was able to walk about her room without help; and two or three days after, she left her room. About the 24th the catamenia occurred. She never had any milk or the slightest sensation in her breasts.

The child was at first strong and hearty. Although deprived of the breast milk, it seemed to be doing well, and went comfortably through the first disease of infancy, sore mouth. But it was in the midst of the dog-days, and the weather intensely hot. It was not always possible to procure sweet milk or cream; and it began to fail. I now earnestly urged that means should be procured of affording it its natural food. One of the neighbors had a child six months old. She was prevailed upon to come in and nurse it three times a-day. The effect was immediate; and it again began to thrive. For some time, it went on very well. But the nurse became unwell; she had her own family to attend to, and became less regular as the infant seemed less to require her assistance. It again failed suddenly. I urged the necessity of placing it at nurse, as the only means of saving it. It was several days before an arrangement could be made for this purpose; and when it was carried to its new nurse, it was a day or two too late. Although two months old, it was smaller and must have weighed less than at birth. Yet only four days before it had been tolerably plump. So rapid had been the emaciation. It nursed well the first day; on the second day, not so well; and after this became unable to take the breast. It was fed again on milk and diluted cream; an attempt was made to support its strength by stimulants, but without any other effect than to prolong life for a day or two. It sunk very slowly but steadily, and died about the first of October.

Inflammation does not, in general, take place immediately after confinement, and not until re-action takes place after the shock of delivery. In the first of these cases, it took place on the fourth day. It was brought on, no doubt, principally by imprudence in not keeping sufficiently still on the first days after confinement. Sudden excitement occurring when the system was thus predisposed, inflammation of the uterus took place. The external circumstances in this case were very favorable. The weather though warm was not hot, the patient had an experienced nurse; everything went on quietly and systematically, and without interference from officious visitors.

In the second case, although there was great soreness and tenderness on pressure from the very moment of delivery, active inflammation did not take place till the ninth day after delivery. The weather was intensely hot, and the local situation, at that time particularly, a very noisy

one. Although the patient had every necessary article that money could procure, yet the want of a cool experienced nurse was greatly felt. It is impossible for the immediate friends to manage in cases of great danger with the same quiet and regularity as a hired nurse. She is or ought to be absolute in her sphere, she does or directs everything with calmness, and the friends acquire firmness by her example. Above all, she keeps the patient from using improper exertion; and opposes intrusion into the sick room with more authority and with better grace than the friends themselves can do, however strict the orders of the physician.

In the country, the necessity of quiet and perfect rest to the puerperal patient is very little understood. The day after her confinement she feels perfectly well, and cannot conceive why she should lie a-bed. Still less can her acquaintance imagine why they should be excluded. The utmost the physician can, in general, do, is to confine his patient to her room for a fortnight. The Irish lady, it is true, may be seen in Broad St., buying meat of her butcher the day after the birth of her child; and she may escape the immediate consequences of such a step; perhaps also the remote ones. In like manner, American women who are brought up to hard labor—a rare class in these days—may with safety go to their work in a comparatively short time; but the person brought up and resident in a city or a manufacturing village, cannot do so with impunity. If she have the good fortune to escape puerperal fever, inflammation of the womb, and puerperal insanity, there are other evils that sooner or later develop themselves. Among these, are protracted and excessive flow of lochia, prolapsus uteri, weak back, and supposed spinal affections. In short, the patient who has appeared remarkably well for some weeks after her confinement, finds she does not recover her usual strength. She is *ailing*, and has certain anomalous and obscure symptoms which puzzle the physician and admit only of palliation. She is nervous, troubled at times with indigestion, has urinary troubles, swelling of the bowels and limbs, headache, &c. In short, all the abdominal organs are disordered. These results do not of course appear at once, and sometimes not till after several confinements. They develop themselves gradually, and increase until, after a longer or shorter period, the system gives way and she sinks from suffering and exhaustion.

But to return to my second case. The patient was not at all disturbed during the first week. But as soon as inflammation had occurred, the elderly ladies of the place, never having heard, apparently, of inflammation of the womb, and eager to see and advise in so strange a case, actually besieged the house. The patient herself was able to prevent their actual entrance into her room, but the noise of tongues, like the rush of many waters, could not be kept out. To the heat, the noise, the officiousness of visitors, many other causes of mental disturbance were added. In short, as in the other case all the external circumstances were favorable: in this all the external circumstances were unfavorable. In regard to the medical attendance, whatever may have been the skill employed, I can truly say that there never was a case more closely and assiduously watched; or more pains taken to render the issue favorable.

*Newton Lower Falls, November, 1845.*

# ASTHMA OF LONG STANDING—PLEURISY AND GANGRENE OF THE LUNG—FATAL.

By George Hubbard, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

MR. G. M., the subject of the following communication, I first visited as a patient on the 20th of December, 1835. He was at that time 28 years of age, married, and had always enjoyed excellent health, never having suffered with cough or any difficulty of breathing. He was of more than middling size, the chest broad and full, and his form that of great health and strength. Without giving the symptoms at that time in detail, it will be sufficient to say that his disease proved to be measles, accompanied with tightness across the chest, and great oppression for breath, which lasted four or five days, but was entirely relieved by the application of a large blister to the thorax.

From this time for more than two years he enjoyed good health, when he again suffered with dyspnoea, which in a few days terminated in health. These attacks, which he called asthma, were from the winter of 1838 more or less frequent, occurring three or four times a year at irregular intervals; sometimes six months, and once a whole year elapsing without suffering. I recollect his remarking, about three years ago, that he thought he had got rid of the asthma, as he had not had it for a whole year. Soon after this, he had a very severe attack, confining him to his room nearly a week. Till within the last two years his general health has not suffered much, the difficulty of respiration rarely continuing a week at a time, being accompanied with only a moderate cough, and generally with but little expectoration. During the cold weather of 1843-4, and 1844-5, his general health suffered a good deal, some of the attacks lasting two or three weeks before the respiration became free, the cough being severe, with, at times, copious expectoration. He grew thinner and paler, and there was loss of strength, &c.

During all his sufferings, bringing the time down to the summer of 1845, he scarce ever lost more than three or four days from his business (a boarding house), and some of the attacks were not sufficient to confine him either to his room or to the house. There was generally scarce any fever, and no gastric symptoms, the appetite, though diminished, being pretty good. I have frequently seen him about his work, when the respiration could be heard at a considerable distance.

From my earliest acquaintance with him, I frequently examined the chest by auscultation and percussion. The whole chest always sounded remarkably clear, and at times, when percussing the back, it seemed as though the thorax was hollow. The murmur of respiration, during the worst paroxysms, was usually very weak or entirely absent over almost the whole chest. I sometimes could hear a sharp, sonorous rattle; and I have heard, at the distance of several feet from the patient, the sound imitating the cooing of a dove. As the cough was dry or otherwise, the expectoration free or not, the rattles varied very much, the mucous, the

sonorous and the sibilant being heard at different examinations, and sometimes all of them at the same examination in different localities.

A great variety of remedies were used at different times. All manner of expectorants, James's powder, Dover's powder, camphor, valerian, Hoffman's anodyne, lobelia (as an emetic), antimony, ipecac. in emetic quantities, smoking stramonium leaves, inhaling the fumes of paper dipped in a solution of nitre and burned in his room, smoking tobacco in a pipe, and almost all the highly-puffed patent remedies recommended for coughs, colds, consumptions and asthma, were tried by himself, and all with little or no relief. I do not recollect that there was any decided mitigation of suffering from any remedy that was employed; and for the last three years he took but little medicine, but depended principally upon his pipe and tobacco alone for relief, saying that it did as much good as anything, and that he suffered no more nor any longer than when he took medicine. And I believe this was true.

All that has been said has reference to what occurred before the beginning of last summer. Through the last summer his health was tolerably good, as he had no attack of his old complaint, though there was in his aspect an appearance of loss of general vigor and energy. About the first of October last, he had a return of difficulty of breathing, which lasted for three or four days, but it was not so severe as to confine him to the house. At this time he coughed and raised a good deal for a week or ten days. He then got better.

October 25th.—Found him in bed. He then had a sharp pain at the lower left back and side. Here was a new symptom—for in all his former illness I never heard him complain of any pain. He had felt this pain coming on for two or three days. Respiration free and easy, only that it hurt him, he said, on the left side to draw in his breath. He coughed, the expectoration was loose, easy, and the sputa *quite offensive*. Here was another new symptom; for never previously had I noticed any disagreeable smell in the matter expectorated. The chest had its usual resonance on percussion, and there was a very general mucous rattle over both lungs. From this time till Nov. 5th, he sat up most of the day in his room, had but little fever, coughed and raised more or less of very offensive matter every day. Sometimes he would pass the night with but little cough, and would then cough an hour or two in the morning. Sometimes he would cough almost all night, and but little through the day. During this time, the pain in the side continued, though for a night or for three or four hours through the day he would be free from pain. The pulse became soft and weak, though not remarkably so; respiration free from distress, no tightness. Took some light nourishment several times daily.

From Nov. 5th to 12th symptoms the same, weakness increased, could not sit up; the expectoration increased, amounting from half a pint to a pint in twenty-four hours. Color of sputa dark green, inclining to yellow. Smell exceedingly disagreeable. Pain in left side continued. Sound over the thorax good, with the exception of dulness at the lower left back; no crepitous rale, but extensive mucous rattle. From the 12th to

the 15th coughed but little, very little expectoration, and that of a light frothy mucus without smell. Pain in left side still continued, but in less degree. Seemed less exhausted, and the afternoon of the 14th sat up and shaved himself. Thought himself better. On the evening of the 15th, cough returned with great violence, with copious foetid sputa. On the morning of the 16th found him very much exhausted, pulse weak and over 100. Had raised during the night 10 or 12 ounces of same dark-green offensive matter. Respiration very easy. But little pain in left side, with increased dulness of sound. Everywhere else good resonance. Slight crepitous rale was heard during the day over the left scapula, but everywhere else a mucous rattle.

17th. Morning.—Still raises freely; smell same; very weak; pulse 120. During the day, for the first time through his present illness, the respiration became oppressed and wheezing, as in his former asthmatic attacks. Had till this time been able to lie in the horizontal position; now had to be raised and supported upright by pillows.

Morning of 18th.—Supported in bed in the sitting posture. Stench in room very disagreeable, as it had been for some days; patient drenched with perspiration; respiration gasping; countenance deathly pale; evidently sinking; expectoration loose and still copious; pulse weak and very quick. A little past 12 o'clock raised for the first time three or four ounces of bloody matter. This bloody discharge did not continue more than five minutes. It almost literally run from his mouth. After this he failed rapidly. Gasping for breath and retaining his consciousness to the last, he expired at 2 o'clock. P. M. During the last hour he neither coughed or raised, although he spoke distinctly but a few minutes before he died. Half an hour before death, applied my ear to chest; could hear a very distinct bubbling sound over the back generally, with a gurgling under left scapula.

During his last illness, blisters, poultices and fomentations were used upon the left side; and internally, expectorants, opiates, wine, &c., with as much nourishment as the stomach would receive.

*Autopsy, twenty-one Hours after Death.*—Chest so full and arched anteriorly as to be almost cylindrical; on the right side no adhesion of lung; not more than one or two oz. of serum in the right cavity. On the left side lower half of lung adhered slightly anteriorly and laterally. Posteriorly free. In left thorax, ten or twelve ounces of straw-colored serum without smell. At the upper part of left lung the adhesion was so firm as to require some force to detach it, and in separating it under the upper part of the scapula, my fingers broke through into the lung, and upon withdrawing them, I found them smeared over with a dark-red substance of the consistence of pus, and having the same foetor as the matter expectorated during life. So great was the stench that a gentleman present retreated to a window. Sufficient issued from the torn lung to give to the serum in the left cavity a dark turbid appearance. I removed both lungs. They were large, corresponding to the size of the chest. The rupture was an inch and a half or two inches long, near the top of the lung and in the direction of the spine of the scapula. I laid open the sinuses



connected with the heart, and after I had done so, a non-medical gentleman said "the top of that lung is rotten." The diseased cavity was of very irregular shape, extending in its greatest direction three inches, was most of it near the surface of lung, not generally penetrating to a depth of more than one inch. Its irregular jagged surface was smeared over with the same material that escaped from the rupture. Within one inch of this cavity the lung seemed sound, and excepting, I should say, one third of the upper lobe, which was disorganized, all the remaining part of the left lung, together with the whole right, was healthy, containing no tubercles, nor having any inflammatory hardness at any point; neither were the lungs emphysematous, certainly not on their external surface, which I expected to find from the history of the case.

This was undoubtedly a case of gangrene of the lung, which is considered a rare disease: Laennec mentions but few cases that he saw himself, and Forbes, his translator, says, "he never met with a case in practice, and never witnessed the lesion in the dead body."

What was the cause of the gangrene in this case? Considering the athletic form of the patient, his large chest, that he belonged to a healthy family free from pulmonary disease, his very regular and temperate habits, it is, I suppose, reasonable to believe that the organic lesion in the left lung had its origin in the dyspnoea under which he so long and so severely suffered.

*Boston, November, 1845.*

## PATHOLOGY AND TREATMENT OF EPIDEMIC DYSENTERY.

By O. Bailey, M.D., of Lancaster Co., Penn.

THE ordinarily fatal character of this disease throughout this section of country, under the common course of treatment, and the frequency with which it is preceded by, alternated with, or followed by acute rheumatism, has induced the writer to adopt some peculiar views with regard to it. From these he has been led to apply a corresponding treatment, which having been to a great degree successful with himself and his professional friends around, determines him to offer it to the consideration of the profession, and the test of a more extensive experience.

Many circumstances appear as evidence that epidemic dysentery, like acute rheumatism, is the result of spinal irritation, the termination of which in inflammation being the cause of its fatality. To this spinal irritation in dysentery, is added a peculiar dry harsh condition of the skin, which probably determines the abdominal character of the affection, and adds to the rapid development of the irritation. Under such conditions, the antiphlogistic and revulsive agency of cupping over the spine, and the action of some diaphoretic, would be the appropriate means to be used in the treatment. The following notes exhibit some comparative results—comparing this with the methods commonly pursued in the treatment.

Of 42 cases treated in the ordinary manner (by calomel, opium and

ipecac.), occurring in the vicinity of Andrew's Bridge, during the summer and autumn of 1842-3, 18 died and 24 recovered.

Say 23 adults,	8 of whom died,	15 recovered.
19 under 10 years,	10 " "	9 "
<hr/> 42	<hr/> 18	<hr/> 24

Average time in those dying,  $8\frac{1}{2}$  days.

" " recovering, 13 days.

In 1844, between July 23 and August 10, there first occurred 5 cases, which were treated in a similar manner; 3 were under, and 2 over, 10 years of age; 4 died and 1 recovered. Average time in those dying,  $6\frac{1}{2}$  days; the single recovery taking place in 7 days. Remarkable emaciation, with rigidity and contraction of the abdomen, in those who died.

The 6th case occurring under the writer's notice during this year, was the father of three of those who died. The same symptoms were observed, and similar treatment pursued for three days without any apparent advantage, the patient being more debilitated, with a contracted and rigid abdomen. The injections of warm water which had been recommended were abandoned, in consequence of the irritability of the rectum.

On the fourth day, at 11 o'clock, 6 cups (that being as many as could be borne), were applied near the spine, and an infusion of thoroughwort (*Eupatorium perfoliatum*) was directed to be given freely.

At 7 o'clock, P. M., the patient had been up only three times since the cupping, and the discharges were now more like those of ordinary diarrhoea. Complained of soreness over the abdomen. The cups were re-applied over the same scarifications, the blood flowing more freely than at first, and the infusion to be continued, adding warm water injections, which can now be borne.

Fifth day, at 10 o'clock. Had been up but once since last visit, and complained only of soreness over the abdomen, with pain and slight tumefaction of the left wrist. Applied three cups over the origin of the brachial nerves. This relieved the wrist, and the soreness of the abdomen passed off after a short time.

CASE VII.—Aug. 17th.—Mr. C., a friend and pupil of the writer, who had accompanied him in his visits to the above-mentioned patients, was taken in the morning with symptoms of the disease. These increased towards evening, the pain and tenesmus being severe, and the calls to stool frequent. At this time he was seized with a chill, followed by uneasiness in the back and limbs.

Determined in this case to abandon entirely the use of opium and purgatives, as these appeared to have otherwise than a beneficial effect.

Jugs of warm water were applied to the feet, and the infusion of the eupatorium given as warm as it could be taken. In a few minutes all chilliness had disappeared and a free perspiration established. The administration of fifteen grains of ipecac. now produced free emesis, and a slight remission of the distressing symptoms. At 12 o'clock at night,

the patient was much worse than in the evening, the tenesmus and calls to stool having increased, and being accompanied by considerable fever.

Venesection to  $\text{f} \frac{3}{4}$  xij.

In the morning of the second day, there being no abatement of symptoms, 6 or 7 cups were applied over the spine, extending from the inferior cervical vertebra to the sacrum, and taking 5 or 6 ounces of blood. The infusion was again resumed. Subsequent to this there was but one dysenteric discharge. In five or six hours after the cupping an enemata of tepid water was administered. This produced a free evacuation of the bowels, after which all traces of dysentery had disappeared.

[To the above cases, which are published in the Philadelphia Medical Examiner, Dr. Bailey has added quite a number of similar ones, tending to show an identity in the cause of this disease and that of rheumatism. We have not room for more of them.]

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 10, 1845.

*Ovariectomy.*—George Southam, Esq., Surgeon of the Salford Royal Hospital and Dispensary, Manchester, England, has published a detailed account of the removal, by himself, of an encysted tumor of the left uterine appendages. The account is contained in a pamphlet, a copy of which came last week to the address of the Journal. The case was read at a late anniversary meeting of the Provincial Medical and Surgical Association at Sheffield. This is the second operation of the kind performed by Mr. Southam. The patient, a lady of 38, who had been married twenty years, but without children, eight years ago discovered an enlargement of the abdomen, but which produced no derangement of health. Without minutely describing all the varying circumstances from day to day, it is only necessary to state that a tumor finally appeared, seriously interfering with respiration. In process of time, an operation seemed the last and only hope of the patient, who submitted. An incision was made midway between the umbilicus and pubes—opening the peritoneal cavity sufficiently to admit the finger. A cyst was brought into view, which, on being punctured with a trochar, was followed by a discharge of between sixteen and eighteen pints of clear, lemon-colored fluid. By introducing the hand into the abdominal cavity, there was found no impediment to the extraction of the tumor. It was carefully drawn out, a gentle pressure being made on the abdomen. Finding it attached to the uterine extremity of the left broad ligament, by a slightly vascular pedicle, Mr. Southam tied it firmly with a ligature, and then cut the attachment and drew out the entire mass. No difficulty was experienced from the intestines protruding through the wound, as they were remarkably flaccid. The edges of the incision were brought together, and Mrs. S. made as comfortable as possible. On the 12th day after the operation she rode home, three miles. On the 49th day the ligature came

away, and the patient is now well, and in the enjoyment of perfect health. This is indeed a triumph of surgery. We tender our thanks to the bold and ingenious operator, for remembering us in distributing the memoir.

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*"Physical Education and the Preservation of Health."*—This little manual, by John C. Warren, M.D., Professor of Anatomy and Surgery in Harvard University, embracing an experience on the part of the writer of more than forty years, will prove a useful as well as an ornamental work upon the parlor table. The subjects treated of, and which are handled in a clear and popular manner, although by no means covering the entire ground of hygiene, are such as the daily life of each one requires to be known. They consist, first, of an address upon Physical Education, originally delivered before the American Institute of Instruction, and now reprinted, with some alterations; to this follow chapters upon *Digestion, Exercise, Mode of Sleeping, The External Use of Water, Friction, Tobacco*, and the *Conclusion*.

This is not the connection in which to speak of Dr. Warren's name and reputation—the work is a popular one, designed for the people. At any rate, greater respect must be felt for the man, who could thus turn aside from the higher and more exciting field of surgery, for the purpose of diffusing information among the people at large. A better book for a present at this season of the year will not be found, and we hope the publishers, Messrs. Ticknor & Co., will reap a rich reward.

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*Professional Discontent.*—Dr. John P. Harrison, of Cincinnati, in an introductory before the medical class at the Medical College of Ohio, Nov. 4th, dwelt with much earnestness on the sources, evils and correctives of professional discontent. Parts of the discourse are admirably written. The author has an intimate knowledge of the trials through which a majority of the active members of the profession pass, before they secure the confidence or patronage of the people. His observations on the gloomy, forbidding expression of the face of some discontented physicians, are true to the life. They go plodding and grumbling all their days, to three score and ten, wretched themselves and making others so, by habitually finding fault with the present organization of society and the unequal and unjust distribution of the blessings of Providence. They abominate a calling for which they are morally unfit, and proclaim their sovereign contempt for those who are more prosperous or happier in their domestic relations than themselves. Men of this description abound, in the medical as well as in other professions; if they had the re-fashioning of the world, it would be converted into something resembling the dark workings of their own restless, unhappy minds. "By participating in the good wishes and generous approval of our fellow citizens," says Dr. Harrison, "our own contentment will be promoted—and by devoting our lives to virtuous industry, the good wishes and generous approval of society will accompany us through all the vicissitudes of our earthly condition."

Before leaving this well-written and pleasant address, which actually lays open the hearts of the various orders of medical practitioners, and clearly explains the way to be individually happy, while all who are within the sphere of the physician's influence are made happy too, it should

be mentioned that Dr. Harrison inculcates the important truth that matrimony is the last, greatest and crowning blessing. On such authority, the class must think well of the institution of marriage; and we honor him for explaining so freely, the great principles of human accountability in professional intercourse—and the true way of securing domestic happiness. Dr. Harrison closes this part of his address thus:—

“ In the clear heaven of her delighted eye  
An angel guard of loves and graces lie;  
Around her knees, domestic duties meet,  
And fire-side pleasures gambol at her feet.”

*The Monthly Miscellany and Journal of Health.*—Dr. William M. Cornell, of Boston, is about commencing a new monthly periodical, which he intends shall be vigorous, instructive and fitted to the intelligence of the times. He perceives an unoccupied niche, and steps in to occupy it, with an ardent desire to promote human health and happiness, and extend the boundaries of useful knowledge; and in the prosecution of the work we think he will show that he is no idler in the domain of science. Dr. Cornell has our kind wishes for his success; and may his magazine be as much esteemed by the great public, as he is by those who know him the most intimately.

*Origin of Life.*—A book is advertised with this title, by H. Halleck, M.D., which is pretty much all that is known of it. The origin of life is a subject that might engage the profound attention of the highest order of intellect; but it is to be feared that Dr. Halleck's treatise may prove to be a nine-penny skeleton of a pamphlet, written with a view to excite diseased minds to more activity in producing physical deterioration. If any one acquainted with the true character of this publication, will furnish a synopsis of its contents, it would be regarded as a favor.

*Brattleboro' Hydropathic Institution.*—An act of incorporation for this institution, say the papers, was granted at the last session of the Legislature of Vermont, giving the petitioners leave to hold property to the amount of \$59,000. A gentleman from the vicinity assures us that the Hydropathic Institution is gaining favor, is well patronized, and that more ample accommodations are demanded for those who seek advice and restoration through its aquatic influences. This is one of the last of the great medical farces which is being played for the diseased imaginations of semi-valetudinarians. How extraordinary that the true use of water has but just been discovered! Some who have not succeeded in regular practice, in homœopathy, animal magnetism, pathetism, in the use of purgative pills, temperance bitters, galvanic rings, in thermo-electrical practice, Beachism, Thomsonism, Grahamism, or any other of the known modes of mongrel practice, have become thorough converts to the water cure. What will they resort to next?

*Puberty in the African.*—An important law question, says the New York Sun of Thursday last, came before the Court of Common Pleas of Franklin County, Ohio, in the case of Joseph Williams, a colored boy

under 14 years of age, charged with an attempt to outrage the person of Althea S. McDougal, a child of 5 years of age. The charge was proven. It was contended for the defence that prisoner, or a boy under 14 years of age, could not be punished for this offence, according to the English decisions. The prosecution held that these were inapplicable to the present case, and medical testimony was given to prove that persons of African descent arrive at the age of puberty earlier than Europeans. This decided the question, and the jury returned a verdict of guilty. He was sentenced to the Penitentiary for three years. His counsel intend to carry the case to the Supreme Court, says the same paper. It would be a matter of peculiar gratification here, to know the source of the medical testimony which so essentially influenced the court. If the discovery has actually been made that individuals of African descent sooner arrive at puberty than the descendants of other races of men, it is altogether a new fact in physiology—and the law of development was first promulgated, we believe, in the precincts of the Ohio tribunal. A physician is expected to state what he knows to be fact, and, if a court insists, he is justified also in advancing an opinion; but to stand up before a jury and positively declare that the descendants of Africans arrive at puberty earlier than the Caucasians or Mongolians, is assuming high ground, and what we think is not susceptible of proof.

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*Lithontriptic Action of the Uva Ursi.* By DR. FENOLIO.—An old calculous patient had fever, and experienced severe pain in the bladder. He would not consent to be sounded. Dr. F. prescribed a decoction of the uva ursi, prepared thus: R. Uva ursi, 3ss.; water, 3ix. Boil for fifteen minutes; strain, add syrup of gum, 3v., and take the whole in three doses. After using this tea for three days, the patient passed thirteen pretty large gravels, and in five days more, ninety others. The whole formed a considerable mass. His suffering and fever disappeared.—*Jour. des Con. Southern Med. and Surg. Jour.*

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*Medical Miscellany.*—Dr. D. D. Owen is lecturing on Geology at Cincinnati.—Dr. Sherwood's theory of the magnetic poles promises a mild winter, notwithstanding the prophetic warnings to the contrary from other sources.—A colt, three years old, with *five legs*, is on sale at New York.—A woman is living 15 miles from Mobile, who weighs 460 pounds—which is 40 more than the weight of the Hon. Dixon Lewis, member of Congress, who is considered the heaviest man in America.—The cholera is less violent in some parts of India. At Pashawur and Cabul, however, it is grievously destructive.

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TO CORRESPONDENTS.—Dr. Chandler's Case of Laceration of the Liver during Parturition, and a case of Death from excessive use of Ardent Spirits, have been received.

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DIED.—At Leyden, Mass., Dr. Willard A. Wilkins, 39, of erysipelas.

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Number of deaths in Boston, for the week ending Dec. 6, 44.—Males 17, females 27. Stillborn, 4. Of consumption, 13—apoplexy, 4—croup, 1—teething, 3—disease of the heart, 2—scarlet fever, 5—cancer, 2—lung fever, 2—throat distemper, 1—dropsy on the brain, 2—typhus fever, 2—infantile, 3—dropsy, 1—old age, 1—disease of the bowels, 1—scrofula, 1.

Under 5 years, 17—between 5 and 20 years, 1—between 20 and 60 years, 19—over 60 years, 7.



*Improved Life Preserver.*—We have lately examined a newly-invented life preserver, called the *Nautilus*, which appears to us so much superior to any hitherto proposed, and so perfect, that we cannot refrain from commending it to our readers, and, through them, to their friends and the western public generally, who from the vast extent and multiplied dangers of our navigable rivers, are deeply interested. It consists of a gum elastic tube several inches in diameter, and long enough, when stretched out, to surround the chest of a man, while, by pressing its ends towards each other, with its aperture open, it is so reduced in length, its diameter remaining the same, that it may be carried in the coat pocket. Within it there are two coiled wires, similar to that within the cushion of a sofa, which, by drawing the ends from each other, have their coils separated, so as to give the length just mentioned, while the diameter of the tube remains nearly unaltered. Of course atmospheric air flows in through the hole at one end, to which there is a plug or stopper, not to keep the air in but the water out; for as long as that is done, and the tube is kept stretched round the body, it necessarily retains its air, and consequently its buoyancy. Should it be punctured, unless the holes be large enough to let water pass in, no harm will be done, for the wires will keep the sides from collapsing. In fact, nothing could be more simple and beautiful than the principle on which it acts; and no one can examine it without feeling confidence in its preserving power. We are not surprised, then, to find it strongly recommended by the American Shipwreck Society, and the American Institute. We hope to see it generally adopted on the lakes and rivers of the interior.—*Western Jour. of Medicine and Surgery.*

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*To cover Pills or Extract of Copaiba with Gelatine.*—This process, invented by M. Garot, is exceedingly easy and practicable, and it is surprising that it is not employed more generally in this country, as it much more effectually disguises the taste and odor, and interferes less with the solution, of the medicine, than the method of gilding or silvering usually practised.

“It is applicable to every substance capable of a pilular consistence; such as balsam, camphor, musk, assafetida, mercurial and ferruginous preparations, &c. Two hundred pills can be coated with gelatine in an hour, and will be ready for use after the lapse of two hours. The pilular mass so coated remains soft a much longer time than according to any other plan. We shall now proceed to describe the process.

“Fix the pills on long, fine pins; plunge them into thick, purified glue, placed in a hot-water bath; then remove them by a rotary motion, and stick the heads of the pins in paste spread out on a slab, so that the pills may remain elevated in the air; as soon as fifty are thus treated, rotate them individually in the heat of a taper, to harden the external pellicle; pull out the point of the pin, and the process is complete.—*Dublin Hospital Gazette.*

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*New Medical Books in London.*—The Modern Treatment of Syphilitic Diseases, &c. By Langston Parker, F.R.C.S.—A Glance at Hahnemann and Homœopathy. By Ernest Van Brunnnow.—A Treatise on the Principal Diseases of the Arteries. By Edwards Crisp, M.R.C.S., &c.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## REMARKS ON THE TREATMENT OF TRACHEITIS, OR CROUP.

By J. A. Allen, M.D., Middlebury, Vt.

[Communicated for the Boston Medical and Surgical Journal.]

IN proportion to their number, there are probably few or no diseases, treated in the ordinary method adopted by our best practitioners and advised by our most modern and approved writers, which prove more fatal than the true tracheitis or croup. By true tracheitis or croup, it may be well to premise that, on the present occasion, it is designed to embrace every case in which there exists any embarrassment of the respiration, attended with affection of the voice, and a *cough of a harsh, shrill and ringing character*.

According to the assertion of M. Double, the mortality in this disease, at the present time, amounts to nearly one half of the whole number attacked; and formerly, when its treatment was less understood, it amounted to nearly four fifths. Of 131 cases reported by Dr. Ware, of Boston, Mass., 19 died, being about 1 in six; and for eight years preceding 1840, the city of Philadelphia lost 799 children under 10 years of age, with this disease, and 21 persons over that age. The number of recoveries during this period I have not been able to ascertain, but it is evident the proportion of deaths must have been very great. Dr. Williams has very justly remarked, that "the croup is a most serious disease, and it often baffles the most active measures."

For the first fifteen years of my medical practice, I pursued, in these cases, the common antiphlogistic treatment, and I have every reason to believe with as much success as has been generally attained. I ordinarily used emetics of tartarized antimony, ipecac., the celebrated seneka or hive syrup of Dr. J. R. Coxe, the lobelia inflata, the yellow sub-sulphate of mercury, the proto-chloride of mercury, &c. Of these agents, none have proved more advantageous than the alterative emetico-cathartic, composed of calomel and ipecac. or tartar-emetic. This combination, when used at the onset of the disease, has not unfrequently arrested its progress and speedily restored to health. It is, however, very liable to fail, and so is the use of each and of every combination of these articles, even when aided by the vapor or warm bath; the Scotch snuff cerate, a mixture of lard and the snuff, recommended by the late learned and devoted Dr. Godman, and, subsequently, extolled by Drs. Vanderburgh and Pendleton of New York; vesication, &c. In short, whatever process of

medication was adopted with these agents, a very considerable number of my patients with the croup would succumb. Its frequent fatality led to a more careful consideration of the character of the complaint and of the essential requirements for its removal.

That this affection, except when it is superadded to some other disease, or occurs as an appendage to another complaint by which the system has become already reduced, is inflammatory, there exists no doubt; and that it assumes a specific character, differing essentially from common deep-seated or membranific inflammation, is equally certain. That the disease affects the mucous coat of the larynx, trachea, and sometimes extends into the bronchia, *post-mortem* examinations have demonstrated. The resulting production of an adventitious membrane, differing materially from the product of ordinary inflammatory action, or of the abdominal diphtheritic formation of M. Bretonneau, shows most clearly its specific character.

Its pathological character, therefore, appears to demand for its removal something more than what is required in simple inflammation. Alterative and deobstruent agents are demanded—agents not only to subdue inflammatory action, but to change its character.

Tracheitis has long been regarded a complaint which was subject to frequent relapses. The reason is obvious, because its cure has usually been attempted by agents which were deficient in their alterative powers. Cures accomplished by the use of articles possessing an adequate degree of alterative powers, are more permanent. These seldom relapse.

The root of the common bloodroot, *Sanguinaria Canadensis*, has long been known to possess a powerful influence over the secernent system. Its alterative and deobstruent property has been experienced in gastric affections, and in chronic diseases of the chylopoietic viscera. It is an efficient and powerful emetic, and this quality, in combination with its alterative character, the influence it exerts over the vascular system, and its peculiar influence on the mucous surface of the fauces and larynx, appear naturally to show its suitableness for the removal of the several varieties of tracheitis. Waiving, however, all pathological and pharmacological considerations, experience has fully confirmed my most sanguine expectations of its value. In the early stage of the disease, the finely powdered bloodroot, administered in quantity sufficiently large to promote full vomiting, generally arrests its progress. If, however, after the emetic operation the complaint be not entirely removed, it will be well to use, in as full doses as the stomach will tolerate without being rejected, a solution of the acetate of sanguinarine, and repeated every two, three or four hours. This solution is very speedily prepared by moderately boiling two or three drachms of the powdered root in about a gill of common vinegar, which may be sweetened with sugar or honey to render it more palatable. If the vinegar be very acid, it may be diluted with water to render it more agreeable, without essentially impairing its property. In the intermediate time, if there remain any febrile action or inflammation of the larynx or trachea, an alterative diaphoretic powder ought to be used. This should be composed of bloodroot, calomel, and

either James's powder, or emetic tartar and opium. And, if there be considerable emetic action, the calomel should be used in sufficient quantity to induce alvine evacuations in the course of twelve, or, at the furthest, twenty-four hours.

Caution is required lest a hyper-catharsis be produced. It is a principle founded on experience, and it is as old as Hippocrates, *that diseases of the respiratory organs do not bear well powerful cathartics*. And, indeed, one of the greatest evils attendant on the ordinary treatment of the croup, is the liability of the required and frequently repeated antimonial emetics to run off by the bowels and produce fatal prostration. More than one instance of this kind has fallen under my own observation. By the bloodroot treatment, this inconvenience is avoided. I have never known it occur, and I have relied on this treatment for the last fifteen years, and during this period I have not lost a patient with this complaint. The number of cases subjected to this treatment I cannot at this moment determine, but at least forty cases have during this time fallen under my care.

The successful medication of tracheitis when the sanguinaria is used as the principal agent, requires adaptation. In the catarrhal variety it is probable this vegetable emetic will in most instances be sufficient alone, and yet the union of a suitable proportion of tartar emetic will more surely remove the complaint; in the spasmodic kind, the addition of an opiate will be demanded; and in the membranous croup, the combination of calomel and the puccoon afford more surety of a favorable result.

The tepid bath will be found a valuable adjuvant in each of the varieties, and in the first, second and even third stages of this affection. Also the narcotic cerate already mentioned.

The use of sanguinaria in tracheitis is not presented to the medical public as novel or unprecedented. Dr. Tully has informed us, in his prize essay on Sanguinaria, published in the American Medical Recorder for January, 1828, that it was successfully used in the croup by Dr. Jehiel Hoadley, of Middletown, Conn., as early as in 1775; that it was subsequently used by Jared Potter, M.D., one of the first physicians in his day in that part of the country; and in 1817, Dr. Ives, of New Haven, stated that the bloodroot given in large doses, sufficient to produce full vomiting, often removes the croup, if administered in the first stages. "It has been given," he remarks, "for many years in the country, some physicians relying wholly on this remedy for the cure of croup." (Vide Bigelow's Medical Botany.)

Dr. Tully, in the essay mentioned, remarks, "the croup has lost most of its peculiar terrors, and may be as often cured as any one of the severer phlogotica." "In the earliest stages of bronchleminitis membranica v. tracheitis," he says, "free vomiting with the sanguinaria may be considered as very nearly a *specific*, at least for all ordinary cases."

It is a subject of regret and of not a little surprise, that notwithstanding the utility of the sanguinaria in the treatment of croup has been before the profession for such a length of time, it has not been introduced among other medical agents into our standard works. In Tweedie's Library of Practical Medicine, with notes and additions by W. W. Gerhard, M.D.;

in the foreign *Cyclopedia of Practical Medicine*, edited by Robley Dunglison, M.D. ; and in the most excellent *Dictionary of Practical Medicine* by I. Copland, edited by the indefatigable C. A. Lee, M.D., no mention is made of the use of sanguinaria in croup. This fact is the more remarkable, since among the American editors may be reckoned some of the best bibliographical physicians of the present age.

It has been observed by Dr. Tully, " that the quantity of the medicine which is necessary to produce sufficient vomiting in this form of the disease " (the membranific form), " is greater than will be found necessary in almost any other complaint. When the symptoms are immediately urgent, and when there is great insusceptibility to the impression of ordinary medicines, it will often be found necessary to use the per-sulphate of mercury in conjunction with the sanguinaria, or, if this is not at hand, the per-sulphate of copper, or even the sulphate of zinc."

It should be borne in mind that in all cases of any considerable severity, full vomiting with the sanguinaria at the commencement of the disease is of vast importance ; and this process should be repeated as often as the symptoms may require, and in the intervals the free employment of the article, as it has already been mentioned, should be pursued.

But by advocating the pursuance of the plan of treatment I have alluded to in this paper, it is not designed to present the sanguinaria as an unfailing specific in all cases. This is more than should be expected from the use of any remedial agent. Even the quinine or the bark, which has so long sustained the character of a specific in intermittent fever, sometimes fails. All that can reasonably be anticipated from the judicious and appropriate use of any medicinal article, is that it shall generally prove successful. With this reservation, no fears are entertained but what the proper use of the sanguinaria, in each of the varieties of tracheitis, will satisfy all reasonable expectation.

#### HOMŒOPATHY—REPLY TO "A LOOKER ON."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In your Journal of November 12th, I am taken in hand for my review of W.'s Letter on Homœopathy, and a brief reply is demanded. I am charged by "A Looker On" with a "severe criticism." If by that is meant any harsh language or unfairness, I certainly beg pardon ; but I am sure your readers will not so judge. There is sometimes no criticism so severe as the *truth*—which I think will prove to be the real difficulty in the present case. He says, "he was a good deal pleased with" W.'s letter ; and so was I, from the fact that W. acknowledged many of the excellencies of homœopathy, while in what he objected I have shown him in error, as I shall endeavor to do again more plainly, "A Looker On" to the contrary notwithstanding. If he judges that W.'s letter is an "exposition of the whole concern," we must judge that he is not the most deeply read in homœopathic literature, though he may be in the "daily newspapers and other ephemerals with

which the press is teeming." His main drift is upon my objection to W.'s statement of three of the fundamental principles of homœopathy—which I claimed were erroneously stated—and endeavors to show that on these three points, after all, W. is right, and of course I am wrong. My answer to the other points is presumed to be satisfactory, or probably it would not be passed over silently.

Let us examine, then, more critically, the three points where we are at issue. The first is the identity of the psora of Hahnemann with *the itch*. I claimed that the homœopathic school did not believe them identical strictly. I say so now. That chronic diseases depend upon a peculiar general condition of the system, has been ever held by the homœopathic school more so than by the opposite, this morbid miasm (psora or whatever it may be) showing itself under a variety of forms and names too numerous to mention. This notion, so ridiculous, has, since the appearance of Lugol's writings, been strongly confirmed, if there is any confidence to be placed in them—for he, if anything, carries this idea farther than Hahnemann. Whoever will read these two authors, side by side, will find there is a general correspondence in their views, though using different terms. Lugol makes everything depend on a peculiar morbid state or diathesis (scrofulous), as much as Hahnemann (psoric); and it would be as reasonable to conclude, that white swelling, rachitis, ophthalmia, phthisis, amenorrhœa, hydrocephalus, and many other diseases which arise from this, are *king's evil*, as that all the affections arising from the psora of Hahnemann, are *the itch*. Hahnemann, speaking of psora, says, "It is an internal disease—a sort of internal itch, and may exist either with or without an eruption on the skin." "Such diseases as are most of the eruptions distinguished with so much care and separately denominated by Willan." Also, "Sarcomatous tumors, ramollissement of the bones, curvature of the spine," &c. &c. The tenure of his psoric doctrine as a whole is, that this is a morbid principle or miasm, pervading the constitution and developing itself in different individuals, according to circumstances, with a great variety of names, &c. But many do not even go as far as Hahnemann on this point—and that there will ever be a shade of difference of opinion upon so intangible a subject as the essence of disease, is very probable. Still this is of little practical importance.

The second and more important point at issue is, the indication of cure. Let us see who is right here. W. says, "that all diseases were cured by medicines capable of producing the *same disease* in the healthy body." I objected. "A Looker On" quotes Hahnemann to prove that W. was correct, as follows, "The curative power of medicine is founded on the property they possess of giving rise to *symptoms similar* to those of the disease." &c. So that W. contends for the *identical* disease, but Hahnemann for a train of symptoms *similar* to those manifested in the disease. I agree perfectly with Hahnemann on this point, so does every homœopathist, and deny that there is identity. If "A Looker On" cannot see a difference between the doctrine of W. and that of Hahnemann which he brings forward to sustain it, we advise him to look a little closer! I had supposed this old humbug which has been shown up time



and again, about the *same* disease and the *same* medicine—and that if a patient is poisoned with arsenic we must give arsenic to cure, &c., could not find any man stupid enough to advocate it at this time. I hold to similarity, but not to identity, and here W. was in error; then “A Looker On” has confirmed it by taking my own ground—which if he is not satisfied with he may see in another place.\* His long quotation from Hahnemann is of little service to him.

The third point at issue, is not that small or infinitesimal doses will cure, for all homœopaths believe this, and not only believe it but *know* it, when appropriately administered. But the issue is on the point of W., “that a millionth part of a grain of any ordinary medicine, divided and sub-divided by some hocus pocus agitation, would produce a greater effect on the *constitution* than a *full dose* of the same.” This I denied, and gave my views as I supposed so that they might be understood. Who believes, I would ask, that a millionth of a grain of opium will effect the *constitution* as much as one grain? No one. The effect on the constitution is not all that is wanted, but a change of morbid action; and this is generally done in homœopathic practice without any sensible effect upon the constitution. So is it often in allopathic. But small doses are *necessary* sometimes when the practice is strictly homœopathic. Mercury sometimes, especially in some forms of bilious affections and bowel complaints, will salivate speedily or produce other distressing pathogenetic effects, which we should avoid if we gave homœopathic doses, and cure the disease as speedily. It is homœopathic in these cases. So in others. That a medicine will be more effectual by dilution and triturating freely than before this is done, grain for grain, any one may satisfy himself. This is held to, and often we get the effect of a medicine when so prepared, which is not obtained in any other form. But it is not absolute power which is wanted—it is power only sufficient to meet the morbid action. Very much depends upon how power is applied in order to obtain effect. “A Looker On” will observe, if he reads his quotation from Hahnemann carefully, that the power of the preparation which is in the vial is developed by this process, and that only its curative power; not that the higher preparations are more active than the lower, unless the nature of disease is such as to render them better adapted to it. If he calls Hahnemann’s manner hocus pocus, very well. He was accustomed to describe things as he did them, when he found they answered well. If he fancied shaking a vial *downwards* the best mode of preparation, or triturating *one hour*, or giving ten shakes instead of eleven, we have no objection. Every one for his notion on non-essential points; we care not whether a medicine is rubbed *one hour* or fifty-nine minutes, provided it is well prepared; or whether a vial is shaken ten or eleven times, downward or upward. It is the chaff that makes the show in quoting from Hahnemann. That he has said many things that are non-essential, all admit; also some things rather obscure; and as our friend seems to be rather unfortunate in understanding him, perhaps he had better examine some more recent works on the subject. Say “Principles

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\* Views of Homœopathy. Published by J. H. Benham, New Haven.

of Homœopathy," by Professor Henderson, of the University of Edinburgh, who has recently adopted the practice.

One word in regard to his concluding paragraph. He says, "was there any deficiency of proof, the reviewer himself has supplied it, and by example sanctioned the alleged precepts of homœopathy which he had just disavowed." What precepts of homœopathy had I disavowed which are sanctioned in the cases here referred to? Is it the doctrine of *similia similibus*, or of small doses curing disease? I certainly hold to both, and if W. had stated these as fundamental principles, we should not have been at issue. It is his misconstruction of them that has made the issue, his taking identity for similarity, and making a "millionth of a grain more powerful on the *constitution* than a *full dose*"! Now it is in misconstruing some of the fundamental points of the doctrine, which lead our brethren into these dilemmas, and this is the reason why the idea is held forth to the public, that "the half is greater than the whole," and "the millionth of a grain is more powerful upon the *constitution* than a full dose," and more of that kind of nonsense. We might charitably attribute this to either a mistake or indifference to the subject, as I did with W., who says "he is an old man and has read little on the subject." But our reviewer *claims* to be more wise, as do most who write against homœopathy. They understand the whole subject, claim that there is nothing valuable in it but has always been known—that just giving small doses, if you happen to get a medicine that looks like the disease, and if not, just as well, is all of Homœopathy—that it is the simplest matter in the world—that its practitioners are some of them "very clever fellows it is true," but are visionary and deceived, and are only fully carrying out the doctrine of Hudibras, that

"The pleasure is as great  
In being cheated as to cheat."

We are as ignorant of who our reviewer is, as of W., since they choose to stand behind the curtain; but one thing we know, he is emphatically what he signs himself, "*A Looker On*"—nothing more, certainly.

Lowell, Ms., Dec., 1845.

Yours, &c.,

D. Holt, M.D.

#### DEATH FROM THE EXCESSIVE USE OF ARDENT SPIRITS—THE PATIENT HAVING SOME PECULIARITIES OF FORMATION.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case, which occurred a short time since in the Mass. Gen. Hospital, under the practice of Dr. John C. Warren, is instructive as showing the fatal consequences of indulgence in the use of ardent spirits, and is curious from some of the physical phenomena which existed in the patient.

On October 25th, 1845, a man was admitted into the Massachusetts General Hospital for an injury, stated to have been produced by the kick of a horse the night before. Dr. Dale, who was present at the time of the examination of this person, said, that he had been called to him in the morning after the accident, and found him walking, or attempting to

walk, about. He learnt from the family, in which this man lived, that he was a noted drunkard, that he was in the habit of drinking about two quarts of rum daily, and that the night before, after having finished his usual potation, he crept into the stall of a horse to pass the night. The horse, disliking such a companion, either kicked, or trod upon, his right thigh, and severely injured him.

On examination of the patient, the right thigh was found very much discolored and enlarged. The knee being more discolored than any other part, was first examined. In moving the patella a crepitus was perceived, which did not appear to arise from the patella itself, but from the surface on which it was rubbed. Above the knee was a fracture of the os femoris.

The patient, on being questioned, did not give any very distinct account of the manner in which the accident happened. He admitted that he was drunk at the time, and stated that he was in the habit of drinking sometimes two, sometimes three, and sometimes four quarts of rum in a day, but the report could not be relied on. Being at this time quiet, his limb was placed in a fracture box, and carefully secured.

On the following day he was found to be in a state of violent delirium. He pulled off his splints, got out of bed, and walked, or dragged himself to the fire-place. His violence was excessive; his limbs were in constant motion, particularly that which had been injured. His cries, accompanied with oaths, imprecations, and fits of laughter, were incessant night and day.

The injury he had inflicted on the limb, taken in connection with his previous habits, made it at once appear almost certain that he must succumb, either from general exhaustion, or gangrene of the limb. A straight jacket was immediately applied to him, the head was shaved and covered with cold applications; every measure was taken to confine and secure the injured limb. Cordials were administered internally. He was directed one hundred drops of laudanum immediately, and if not relieved in an hour fifty more.

October 27th.—The delirium continued as yesterday. Finding him not relieved, he was directed to take an hundred drops of laudanum, and repeat it every hour, till some mitigation of the symptoms appeared. The cordials were continued.

After taking two doses he became tranquil, answered the questions proposed to him without being perfectly rational, and on the following morning I found him quite comfortable, with a warm perspiration, and a disposition to take the drinks offered him. These favorable appearances continued through the day, but in the night he failed very suddenly, and died in a quiet way.

In the morning an examination was made of the body.

The external appearance of the patient was that of an individual about 20 years old, but his real age was 42. He had no beard. The external organs of reproduction were small and delicate; the testes were at first supposed not to be in the scrotum, but on a careful examination something about the size of a small bean was found in the upper part of the scrotum on each side.

An incision being made into the injured knee, part of the external condyle was found to be broken off. The os femoris, three inches above the condyles, was broken into three pieces ; and the limb was filled with extravasated blood. The scrotum being next examined, was found to contain diminutive testes, about one third of an inch long. Next the mammæ were dissected, and a regular mammary gland was found of the same structure with that of the female, and about two inches in diameter. The gland, of course, was more prominent, and more like that of the female than it usually is. The great cavities were next examined.

The cavity of the cranium being opened, the dura mater was seen to be without inflammation ; the arachnoid coat was covered with serous exhalation, and was opaque through the greater part of its extent ; the pia mater exhibited a congestion of blood in the veins at the occipital part of the cerebral surface. The whole brain was small and very firm. The upper part of the hemispheres was readily separated from the corpus callosum, so as to exhibit the whole of its connections with the cerebral lobes. By its prominence it was perceived to be filled with water, which was freely discharged on puncturing it ; more than four ounces of serum existed in the ventricles and at the base of the brain. The cerebellum bore its due proportion to the cerebrum. The medulla oblongata was smaller than usual, and the medulla spinalis very firm without marks of inflammation.

*Cavity of the Thorax.*—The heart presented nothing remarkable. The lungs were generally adherent to the parietes of the cavity from former inflammations.

*Cavity of the Abdomen.*—The liver was of great size, of a pale color, indurated and granulated throughout ; the gall-bladder contained watery bile. The stomach was very small, with its mucous coat corrugated into distinct eminences, which were hard, and of a livid red color. The intestines small and large were pale, and contained a quantity of air. The spleen was small. The kidneys were enlarged, hard, and granulated. The bladder was contracted to the size of a hen's egg. The prostate gland was so small, as not to be readily distinguished from the surrounding textures. The spermatic vessels and nerves presented nothing unusual. Some of the arteries, particularly the iliac and femoral, were partially ossified.

REMARKS.—First, the quantity of rum said to be consumed by this individual was no doubt exaggerated. He probably did not take daily a sufficient quantity to intoxicate him, for he is said to have done his daily work, and sometimes this exceeded what was done by the other hostlers, and further, that he only got dead drunk on Saturday night. His habits had frequently reduced him to a very low state ; he had been in the Hospital once or twice before, but it would seem that his physical organization was in most respects as perfect as that of other men. His death was produced by excessive excitement of the brain, and the consequent effusion of serous fluid into the cerebral cavities. The cerebral irritation was of course produced by the use of ardent spirits.

Second, the want of some of the characteristics of the male sex, and

the existence of some peculiar to the female, makes this case remarkable. The want of beard, and of the development of the organs of reproduction, constituted the first of these phenomena; the size of the mammary gland, the roundness of the hips, the whiteness and smoothness of the skin, the other. This man was married, and was said to have two children, but he separated from his wife at an early period, whether in consequence of his uncontrollable drunkenness, or any other cause, could not be satisfactorily ascertained.

*Boston, December, 1845.*

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#### LACERATION OF THE LIVER DURING PARTURITION.

[Communicated for the Boston Medical and Surgical Journal.]

THIS case is given principally from recollection. I should premise that the patient, Mrs. B., probably from 25 to 28 years of age, some seven or eight years previous to her death, which occurred in June, 1834, was under my care for a period of about one year, laboring under disease which I supposed involved the digestive organs; particularly the *liver*. The latter organ, I supposed, was the seat of chronic inflammation, and, I thought, the principal seat of disease. The case was protracted and severe, and for a long time her recovery doubtful. She did, however, ultimately recover, apparently, a comfortable state of health. This declaration should be qualified, however, by the admission that though tolerably comfortable, there was so much remaining debility, and a delicacy of complexion, approaching to a chalky whiteness, that it did not at any time amount to firm health. Nevertheless, she was not, in my estimation, a suitable subject for medication, and consequently the case was left to its own unaided and uninfluenced development. In the mean time she had borne some two or three children, without anything occurring sufficiently important to be noticed. During the six months previous to her death I had seldom, if ever, seen her, but had learnt that she was *enceinte*, and that she was considered to be doing remarkably well. Tuesday evening, 9 o'clock, 10th June, I was notified that my services might be required during the night—and at 10, was called in haste, and informed that there was much flooding. After an examination that satisfied me that the flooding was not alarming, I gave twenty-five drops of laudanum, and in twenty or thirty minutes the flooding ceased. It should be borne in mind that she wanted, according to her own estimate, six or seven weeks of her full time, and had been, up to this time, unusually *well*, and the labor was now progressing, apparently, very favorably. The only circumstance I recollect to have learnt at the time, that could possibly lead to a suspicion of anything wrong, was, that she had complained of a *severe* and *unusual* pain, as she expressed it, *at the stomach*. This was, if I understood her aright, at the accession of labor. I should not forget to say that I found her very feeble, and that I was unable to account for it. The flooding had been less than, on former and less favorable occasions, she had borne without inconvenience. About

four hours from the time I was called, when I was expecting every moment to receive the child, the pains suddenly ceased, a profuse diarrhœa supervened, and in ten minutes after, to my utter consternation, she was a corpse. I confess, at the time, I could assign no reason—could think of no adequate cause for the event. I entertained very little expectation that an examination of the body would reveal the mystery—so little, that, twelve hours afterwards, I made the examination with great reluctance.

The cavity of the abdomen having been laid open, a large quantity of coagulated blood was observed, and, on looking for its source, the liver was found to be *rent*, almost literally, in twain. The condition of the liver was unlike any I had ever seen. It absolutely *melted away*, when pressed between the thumb and finger—and indeed, its whole substance was as destitute of firmness or tenacity, as the tenderest mushroom. Probably, former inflammation had resulted in adhesion of the liver to the right side, and soon after the commencement of labor, this adhesion, from efforts consequent on labor, was torn asunder, and hemorrhage was the result. This was the more profuse from the fact, that it was not merely a separation of the adhesion, but a laceration of the liver itself—extending deeply into its substance, and, no doubt, dividing its largest bloodvessels. *Possibly*, some unusual effort in walking, or otherwise, might *first* have produced the laceration, and *premature* labor might have been the consequence.

I afterwards examined the uterus, and found the stage of labor and the position of the child such as I had supposed and represented.

St. Albans, Vt., Dec. 2d, 1845.

J. L. CHANDLER.

#### VACCINATION IN THE KINGDOM OF SIAM.

Bangkok, March 4th, 1845.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—I wrote you a few days since a long communication on the subject of vaccination, showing my difficulties and successes in the work. In that communication I gave it as my opinion, that the difficulty of propagating kine pox in this country during our wet seasons, is in some way more connected with changes in the electrical influences, than in the moisture of the air. Since I wrote that article, this opinion has been strongly corroborated. Much of the time during the last ten days our sky has been somewhat cloudy, with some slight thunder, and considerable silent playing of lightning among the clouds. On one night we had a small shower of rain, but not enough to produce any very perceptible moisture in the earth or atmosphere the succeeding day. But my work of vaccination felt some influence at the time very severely. Out of about 100 persons in whom the vaccine virus had been inserted two or three days before, only about 50 proved successful. For several weeks immediately preceding this, I had had but very few failures, probably not



more than 1 in 15 or 20 cases. To my mind it was certain that it was not moisture that prevented my success that week; but probably some, as yet, undefinable power in the electrical influences. The same state of the atmosphere still exists; and I calculate that I shall have many failures this week. We have annually some rain at, or not far distant from, the vernal equinox, usually attended with strongly-marked electrical phenomena. I think it quite probable that I shall experience much difficulty in keeping vaccination alive during this strait. But when having passed it on to the first of April, there will then be little difficulty, I apprehend, until some time in May or the beginning of June. I write thus minutely because you have requested me to do so, and because I hope it may tend to throw light on the important question—what is the best mode of propagating the kinpox in the tropics. Yours very truly,

D. B. BRADLEY.

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*Bangkok, May 10th, 1845.*

DEAR SIR,—I know you will be glad to hear from me often touching my work of vaccination, for you have many times and in many ways taken a deep interest in it during the many years in which I have labored to introduce and propagate the blessing among this people. In my last I spoke of being in a narrow strait about the vernal equinox, and you will be anxious to hear how I got through it. I have the sad tale to relate, that the noble work was all shipwrecked and entirely lost on the 25th of March. Out of 32 operated upon for the kinpox the week before, there were only 6 children who took it. It so happened that all these successful cases belonged to, or were in some way connected with, the King's family, so that it was exceedingly difficult to procure matter from their arms with which to vaccinate others. With much effort my assistant persuaded one of the children to allow six other children to be vaccinated from him at the gate of the royal palace on the 25th of March. I could not rest easy at all to have all my hopes of still further propagating the kinpox lodged wholly in so few individuals and so feebly protected, and therefore made great effort, the two succeeding days, to vaccinate more persons from others of the six successful cases. But nothing I could do would induce the proprietors of the virus to allow a particle of it to be taken. Indeed, the more I exerted myself, the greater the premium offered, and the more I besought the Head Royal Physician to use his influence in the palace for me, the more the children, their parents or guardians, were frightened by some bugbear, which I cannot but think the devil had a hand in getting up that he might cut off my work. Having done what I could to protect the work at this point, I could only wait for the result of the six cases in whom the virus was inserted at the King's gate. But the prospect was so weak, that I was not much disappointed, when, after six days, I found that not one of them had taken the kinpox. I had had a very great proportion of failures for about three weeks before this. On the week of the 12th of March I had only 7 successful cases out of 37. The week before that I had 15 out of 65. After all my experience I am inclined to think, that

if I could have vaccinated from several of the last six cases, and inserted the matter into some forty or fifty children living in different quarters of Bangkok, there would have been some two or three or more successful cases among them all, and I should have carried the work safely through that strait. Hence I think it should not be said that vaccination *cannot* be propagated in Siam, even in the very worst of times. If I could but devote all my time, or even the greater part of it, to the work, I should have but little fear that I could keep it a-going from year to year, though by no means as easily as it can be kept in America.

The whole number of successful cases of vaccination, from the 31st of July, 1844, to the 25th of March, 1845, noted in my book, is 1183. Probably many cases not noted will prove to be secure against the smallpox. The total number of cases operated upon during those eight months, will not vary far from 2000. The children and dependents of almost all the princes and nobles and officers of government, in Bangkok, have in the mean time been vaccinated. The smallpox is now, and has been for about four months, testing those cases reported as vaccinated successfully. I have heard of not a single case, marked as secured by vaccination, that has taken the smallpox. Indeed the confidence of the people in vaccination is being continually strengthened and enlarged by the influence of this terrible scourge. I am frequently hearing of this and that man's child being very sick or dead from the smallpox, because, it is said, they refused to have their children vaccinated. The Phraklang took occasion to say to me, a few days since, that I should certainly obtain very great merits in the future world for my agency in this great and good work of vaccination. This minister of state has had much confidence in it from the very first of my successful efforts to introduce it, in the year 1840. His brother, high in office, has held out in his unbelief until a month or two since, when he was brought entirely over to the faith, and had his children vaccinated. When I consider that my Lord and master has allowed me to perform this work for him, and aided me in plucking 1183 of my own race out of the fires of the smallpox, and thus prolong the lives of many hundreds of these souls, as I fondly hope, until the spirit of God shall be poured out from on high upon this land, when they with others shall be brought into his kingdom and made stars in his crown that shall shine forever and ever, my heart is almost overwhelmed with gratitude.

I intend to make efforts soon to see if I cannot procure the vaccine pustule anew from two packages of virus from you that I have still on hand, though they are some sixteen or eighteen months old. I entreat you do not fail to send me another parcel as soon as possible, and by the shortest course.

I have just closed another year of dispensary and hospital practice. During the last twelve months I have entered on my dispensary book 1300 different cases. I have had in my little hospital about 10 patients on an average at all times. I hope to find time soon to make out a little report of this department of my missionary work. My work in Midwifery is evidently preparing the way for a great reformation in obstetrical

practice in this country. You will see, from a file of the Bangkok Recorder which I have sent you, that I am publishing monthly sundry articles on anatomy and the practice of medicine and surgery. It would seem that these articles are more eagerly read than any other in that paper, and I am informed that they are sometimes copied out for the benefit of those who do not take the paper.

I read your Journal with pleasure and much profit, and it comes to me quite regularly.

Yours, &c.

D. B. BRADLEY.

#### CASE OF FUNGUS HÆMATODES.

By G. H. Wootten, M.D., Florence, Geo.

THE extreme infrequency of such cases in the United States, induces me to prepare this brief history of one that partly came under my management. The patient, Rev. David Cox, aged about 40, of leucophlegmatic temperament, was attacked some time in the year 1840, by the disease in question. The tumor formed about midway between the trochanter major and the knee, on the external part of the thigh. In its formation it presented the usual characteristics of fungus hæmatodes, and was developed quite rapidly to the size of a cocoa nut. At this juncture Mr. Cox, acting under the advice of a gentleman of this county (Stewart) who practises medicine, submitted to an operation. The wound healed kindly, but the tumor re-appeared very soon, at the place where it was excised, and on the 1st of June, 1844, about six months subsequent to the operation, had attained to about its original size. Up to this time I am indebted to the family for the details of the case. Dr. Strawn, my co-partner, and myself, were now consulted, and requested to take control of the case. The patient was importunate for a second operation, which we discouraged, and declined performing for the following reasons: 1st, we regarded the disease as *constitutional*, and not *local*; 2nd, there were few, if any cases recorded, of success by an operation; 3rd, the previous operation not only failed, but had evidently augmented the rapidity and violence of its formation; 4th, the system gave evidence of *participation*, by the intensely inflamed, and very much enlarged condition of the inguinal glands. Had we seen the case previous to the condition of our "4th reason," we might have counselled as the only prospect of success—*amputation* of the thigh. Would it have been good practice?

The tumor in the groin (I mean the enlarged gland) continued to develop very rapidly and fearfully, and on the first of August thereafter, had acquired the dimensions of a half-bushel measure—the original one on the thigh having ceased to grow, remained the size previously indicated. The inguinal tumor now shot out fungous excrescences (till its surface was dotted all over), whose mouth resembled an inverted stocking, and over all its surface the meanderings of large veins could be distinctly traced. It now bled frequently and copiously, owing, as I presume, to the perforation of its vessels by an ulcerative action. The bleedings were controlled by *tamponing* these orifices, and by compression. The

odor it emitted was extremely offensive, rendering the sick chamber a place of absolute suffering to the attendants and visitors. I should, perhaps, remark, that in the progress of this tumor, and before its character was so well defined, we were frequently importuned by the patient to puncture it, *he* hoping and believing it to be only an abscess, contrary to our assurances. We refused to operate, but gave our consent to its being done, merely to gratify and convince him. We remarked, however, that it yielded *physical* indications of distinct *fluctuation*. He procured the services of a *botanical physician* to open it. *Blood* in small quantity was the only result of the *puncture*. After attaining the dimensions and character before described, *sphacelation* ensued, and the entire tumor sloughed out, leaving a cavity or basin that would have contained two or more gallons of fluid, with a sub-tegumentary hollow or channel, communicating with the original tumor on the thigh. Knowing that Sir Astley Cooper had reported one case of recovery, by the occurrence of the same process, we entertained some hopes that the sloughing would proceed and eradicate the original tumor, and thus save our patient. But contrary to our hopes it did not do so. The patient was now extremely emaciated, aspect *cadaverous*, breathing scarcely perceptible, voice entirely inaudible, with almost constant sleeping. At this stage, after putting him under prescriptions, the case, owing to incidental circumstances, passed to the control of another physician, and was not seen again by us, until the middle of November, a period of two months. When we again visited the patient, he had recovered his strength, the cavity left by the sloughing of the tumor had filled up kindly, but on the *margin* of the cicatrix, six or eight other tumors, about the size of lemons, had formed. The patient died about the 15th of December, with *rigors*.

During the progress of the disease, we frequently interrogated the various organs of the system to discover, if possible, whether they had taken on lesions. The most prominent evidences discovered were furnished by the *lungs*, the spinal column, and the rectum. These we briefly mention. The *expectoration* was profuse and resembled thick mucus, having a very unpleasant odor. No blood was discovered with it. *Hemiplegic paralysis* ensued, and there was tenderness upon pressing the *vertebræ*. This we made no effort to relieve, as it occurred only a few days prior to his demise. The *rectum* was the seat of excruciating pain, in voiding *fæces*, or in the escape of *flatus*. This we supposed was owing to an inflammatory action, resulting from the contiguity of the tumor. It would seem useless to give in detail the system of medication adopted in the management of this case. Suffice it to say, that we directed *opiates* in sufficient quantities to lull the suffering; *wine* and *ammonia* to support the patient under the sloughing process; *elixir vitriol* to control the colliquative sweats; *saline aperients* to keep the bowels gently open; and the *pyroligneous acid* locally, to correct the fætor of the exhalations. We should perhaps mention the fact, that the patient was also visited occasionally by Dr. Hay, of this county.—*Southern Medical Journal*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 17, 1845.

*Prisons and Prison Discipline.*—Efforts have been making, for years, to better the condition of prisoners, both physically and morally; but with what success, the criminal calendars of this country and Europe clearly show. Crime is certainly on the increase, though perhaps in a ratio only with the increase of population. However, philanthropists have undertaken the culture of a field that had been entirely neglected from the earliest history of civilization till the last century, and they have found it thickly beset with brambles, thorns and weeds. A single discovery which has been made gives marked importance to the labors of a comparatively modern school of benevolent operators, of vastly more value than ordinary sympathizers with unfortunate, morally depraved humanity, seem to suspect; viz., that the law of kindness is better than a rod, and that soft words turn away anger. The theory of this doctrine was promulgated thousands of years ago. A practical illustration, however, of its true value in governing vicious and ignorant convicts was developed by Howard and the late excellent Mrs. Frye, in England, and in the United States by Mr. Dwight and his associates, and also by the most devoted, self-sacrificing of all American philanthropists, Miss D. L. Dix, of Boston.

These reflections were engendered by an examination of a large pamphlet from the pen of this lady, entitled—"Remarks on Prisons and Prison Discipline in the United States," which does honor to her head and heart; and her investigations must go down to posterity, an imperishable memorial of her devotion to the best interests of the outcasts of society—the tenants of all orders of prisons. She does not herald her reports abroad under the imposing influence of a board of trustees, accompanied by a catalogue of life-members at a hundred dollars a-piece; but with an independence of spirit and circumstances quite rare in this land of chartered rights, where making either railroads, or mutton broth for the poor, is ordinarily regulated by an act of the General Court, Miss Dix travels, examines, and writes about what she sees, and how she feels about the discoveries she has made, at her own expense. The echo of her trumpet, therefore, is no common sound in the ears of the listening public.

There is one feature in the writings of this woman, which is at variance with our individual notions of what is best for the prisoner. She looks to his moral restoration to society, with an unimpaired body and renovated spirit. Her opinions, therefore, are calculated to influence legislators in regard to the future management of prisons. She is all charity, and were those whom she addresses equally overflowing with the milk of human kindness, the aspect of the world would be materially changed. It is evident that Miss Dix looks favorably upon solitary confinement. A prisoner should be boxed up, in her view, in a cell, like an antediluvian frog in a piece of shale, wholly and entirely beyond the reach of any society. He should never hear nor see a fellow mortal, during the destined period of incarceration. All the while he should labor as direct-

ed; yet under all circumstances commune alone with his own thoughts, save when directed to higher aspirations, through the silent teachings of such books as are permitted to be in his legal grave.

While granting Miss Dix, therefore, the meed of praise for untiring exertions and honesty of purpose in behalf of the prisoner, we are equally earnest in differing from her on this momentous topic. Having expressed our views on this subject a month or two since, it is by no means worth while to repeat them here. We fervently pray that the fair authoress may live to accomplish even more than she has already achieved; but she shows but little knowledge, in our estimation, of the social constitution of her race, to advocate a system so destructive as solitary confinement. There may indeed be cases, such as Miss Dix has cited, in which the criminal was the mental gainer, by being walled up in his cell without a door—but they must be rare, or criminals and outlaws have been misrepresented, and their deceptions taken for fundamental principles.

Belonging to these considerations there are other subjects to be discussed, which have not been sufficiently the theme of her deliberations. Air, exercise, digestion, quality and measure of food; punishments for infractions of rules, evil practices nurtured in loneliness, and, lastly, the permanent effects which a long confinement, solus, under physical restraints, produces on the mind, are all to be weighed in a balance with more care than they have yet received, before any one should subscribe to the visionary doctrine that solitary imprisonment is the best method of reclaiming all or any description of criminals.

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*Public Health in China.*—Notwithstanding the low state of medicine in that empire, according to Mr. Peters, the state of public health is not so bad as might be supposed when it is remembered astrology is very intimately connected with the administration of remedies. The art of healing at the present moment in China is just about what it was in Europe two hundred years ago. But little, in reality, is known of their materia medica. They have several preparations of mercury, however, and other minerals, which are prescribed pretty judiciously in some diseases. Ginseng, after all, is the panacea for every human disability—and through all revolutions of public sentiment, in regard to other things, is still regarded as the great and sovereign remedy in all maladies and under all aspects of the stars, or phases of human woe. At one time it brought eight times its weight in silver. Vermont and New Hampshire have furnished immense quantities, procured annually by children and poor people, in the forests. Being dried, cleaned, and made by some process to resemble clarified horn, it is fit for the Canton market. Very large profits have been realized from the exportation of ginseng, and large fortunes accumulated by a few quiet individuals. The preciousness of the article obliges those who resort to it for its remedial powers, to take very small doses—quite vying with homœopathsists in the size of their pills and powders.

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*Castleton Medical College.*—The public exercises in connection with the close of the autumnal session of this institution, took place on Wednesday, the 26th ult. The valedictory address to the graduating class was



delivered by Professor Perkins, President of the College. The address, like other productions from the same source, was a specimen of sound instruction and counsel affectionately received by a large class about to go forth and encounter the responsibilities and perils of the profession.

The degree of Doctor of Medicine was conferred on 36 young gentlemen, of whom 14 were residents of Vermont; 13, of New York; 2, of Pennsylvania; 1, of Georgia; 1, of South Carolina; 1, of North Carolina; 1, of Mass.; 1, of Conn.; 1, of Maine; and 1, of N. Hampshire.

The honorary degree of Doctor of Medicine was conferred on H. H. Toland, M.D., of S. C.; Drs. Ira Spencer and Thomas Duntun, of N. York.

The number of students who attended the last course of lectures was 140.

*Swedenborg's Knowledge of Anatomy and Physiology.*—Prof. Bush, of New York, a bold, energetic expounder of the theological doctrine of the resurrection, has lectured in Boston to a delighted audience upon the scientific attainments of Emanuel Swedenborg. For ourselves, we frankly confess that the light which was shed by Prof. Bush on the writings of that illustrious savan, was both new and surprising. Swedenborg's astonishing attainments in anatomy and physiology were the most remarkable of all his acquirements, having in view, as he did, an explanation of the problem of the intimate connection of the body and soul. He was evidently a century in advance of the age in which he lived, in those departments of science, as his views have been verified by the developments of the present time. Why do we not have these particular works of his?

*Southern Resort for Invalids.*—The attention of readers is directed to Dr. Wilder's advertisement in to-day's Journal. Dr. W. formerly had an institution for invalids in the town of Groton, in this State, and we believe gave good satisfaction to all who placed themselves under his care. We believe him well qualified for taking charge of a place at the South for Northern invalids, and such a place, in the hands of such a man, seems needed. We take pleasure in recommending both to those who may be compelled by ill health to leave the chill winds of our Northern climate for the more genial temperature of a Southern sky.

*Change of Color in the Hair.* By J. SYKES, M.D., St. Louis.—Peter Sprinkle, now aged 81, is a native of Little York, Penn. He emigrated to Illinois some thirty years since. He is a most remarkably robust, hale man; erect in his carriage, and would not be supposed to have passed his sixtieth year. He was a captain under Gen. Wayne, in his first battle with the Indians on the Great Miami, and in that conflict lost the hearing of one of his ears, which has never been restored.

The particulars of his case are the following: his hair, within a *few years*, from being perfectly *white*, has become nearly black, indeed the black greatly predominates; he wears a long beard, descending nearly to his breast, which is similarly changed, and, to use his own words, he has no doubt, from the rapidity of the change, it will soon be as black as in his early youth.

I regretted that I had no means of examining it with a powerful microscope, as some singular facts might have been developed. He has, also, for some fifteen or twenty years, ceased the use of spectacles, and now sees to read the finest print without difficulty or inconvenience.

*Medical Miscellany.*—Some of the papers are saying—when arsenic has been swallowed, powdered charcoal should be taken in any quantity, as speedily as possible. No reason is given.—The Duke of Wellington, it seems, is opposed to the temperance reformation, in the army at least.—A rogue, in Paris, recently sentenced to one year's imprisonment, scarified his arms, sucked the blood, and under circumstances calculated to excite sympathy, ejected it from the stomach, so that he appeared to have a copious hemorrhage from that organ.—Medical practitioners are much wanted in China, and those already there are profiting largely, say the papers.—Dr. Davis, a physician, who was educated to the profession in Baltimore, is Speaker of the House of Representatives, in Congress—and Dr. Lane, Sergeant at Arms. Mr. Girdler, of Marblehead, has been appointed steward of the Mass. General Hospital.—Dr. R. H. Borrowghs has been elected mayor of the city of Savannah, Geo.

ERRATUM.—In Dr. Hubbard's communication, in last week's Journal, at page 382, line 1st, instead of "connected with the heart," read, connected with the rent,

TO CORRESPONDENTS.—Dr. Abell's extraordinary account of optical illusions in his own person, Dr. Williams on Puerperal Convulsions, and Dr. Woodruff's remarks on a case referred to in Dr. Ellsworth's Prize Essay, have been received. An answer to some queries of a correspondent respecting the publications of the Massachusetts Medical Society, has been deferred in order to obtain further information. It will be given next week.

MARRIED.—In Boston, Dr. Albert C. Eaton to Miss A. Morrow.—Dr. Orin Kibbe, of Boston, to Miss H. A. Wood.

DIED.—At Philadelphia, Dr. H. G. Ford, of apoplexy, a native of New Hampshire.—At Newburyport, Mass., Dr. John A. Briggs, 29.—At Newington, Conn., Chauncey Beldin, M.D.

Number of deaths in Boston, for the week ending Dec. 13, 34.—Males 19, females 15. Stillborn, 4. Of consumption, 7—inflammation of the stomach, 1—hooping cough, 2—scarlet fever, 3—brain fever, 1—smallpox, 3—convulsions, 3—inflammation of the brain, 1—typhus fever, 3—lung fever, 1—inflammation of the lungs, 1—paralysis, 1—murasmus, 1—disease of the heart, 1—croup, 2—old age, 2—teething, 1.  
Under 5 years, 18—between 5 and 20 years, 2—between 20 and 60 years, 11—over 60 years, 3.

REGISTER OF THE WEATHER,  
Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 463 ft.

Nov.	Therm.	Barometer.	Wind.	Nov.	Therm.	Barometer.	Wind.
1	from 54 to 70	from 28.99 to 29.24	S W	16	from 33 to 52	from 29.00 to 29.15	S W
2	52 55	29.62 29.06	N E	17	36 58	29.32 29.35	W
3	57 62	28.98 29.00	S E	18	45 60	29.42 29.43	S W
4	58 69	29.00 29.04	S E	19	50 60	29.69 29.20	S W
5	42 49	28.99 29.69	S W	20	43 56	29.00 29.12	S W
6	34 48	29.16 29.20	S W	21	42 49	28.65 28.95	N W
7	39 52	29.11 29.18	N W	22	32 43	29.22 29.32	W
8	36 46	29.13 29.16	S W	23	42 56	28.83 29.13	S W
9	48 52	28.64 28.78	N E	24	28 34	29.33 29.52	N W
10	34 43	28.35 28.83	N W	25	19 39	29.68 29.77	S W
11	40 54	29.15 29.21	W	26	30 45	29.74 29.75	S W
12	38 40	29.32 29.39	N W	27	40 50	28.70 29.20	S W
13	28 50	29.34 29.48	S W	28	20 27	29.09 29.42	N W
14	40 57	28.98 29.69	S W	29	12 30	29.82 29.94	N W
15	37 42	29.14 29.30	N W	30	20 30	29.76 29.88	N E

The month of November has been unusually pleasant. There have been many fine days—warm and calm, unlike the general character of this month. A large amount of rain has fallen, and yet the springs are low. The fields have been more verdant than in August; the amount of "fall feed" extremely favorable to the husbandman. Range of the Thermometer from 12 to 70. Barometer, from 28.35 to 29.94. Rain, 6.77 inches—Snow 4 inches.

*Vinegar in Cases of Narcotic Poisoning.*—Dr. Clapp finds vinegar an excellent adjuvant to emetics, in cases where narcotics have been taken into the stomach in doses to overcome the excitability of that organ. He succeeded in bringing on vomiting by administering this acid when the emetic was about to fail. He mentioned to us the following instances. A man, in a fit of mental despondency, swallowed an ounce of laudanum on an empty stomach. In about an hour he was visited by Dr. Clapp, and was found insensible, with stertorous, convulsive breathing. Sulphate of zinc was administered to the extent of one hundred grains, and his fauces were tickled with a feather, but vomiting was not induced. The doctor gave him a pint of vinegar; emesis soon took place, with the relief of all the alarming symptoms.

Two children swallowed a number of seeds of the stramonium at different times. In the case of the first, the ordinary means of exciting emesis were tried ineffectually, and the child died. In the second, vinegar was given, free emesis was the result, and the patient recovered.

These facts are valuable, and a knowledge of them may save the lives of many individuals. We know how often children are sacrificed by the indiscreet use of opiates, and how frequent cases of poisoning by opium, the Jamestown weed, &c., are becoming in this country. If vinegar gives activity to emetics in such cases, it is an important auxiliary. Let it be tried.—*Western Medical Journal*.

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*Of the Manufacture of Enamelled Cast Iron Vessels.*—Iron pots, and especially those of enamelled cast iron, are very extensively used in domestic economy. To enamel these vessels, they are cleaned as perfectly as possible with weak sulphuric acid, then washed with cold water, and dipped in a thin paste made with quartz first melted with borax, felspar, and clay free from iron, then reduced to an impalpable powder, and sufficient water added to form a rather thin paste. These vessels are then powdered in the inside with a linen bag, containing a very finely-pulverized mixture of felspar, carbonate of soda, borax and a little oxide of tin. Nothing then remains but to dry the pieces, and heat them in an enamelling furnace. The coating obtained is very white, resists the action of fire without cracking, and completely resists acid or alkaline solutions.—*Chemical Gazette*.

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*On Benzoline, a new Organic Salt-base obtained from Oil of Bitter Almonds.* By GEORGE FOWNES, Esq., F.R.S.—Pure oil of bitter almonds is converted, by the action of a strong solution of ammonia, into a solid white substance having a crystalline form, and which was termed by M. Laurent *hydrobenzamide*. The author found that this substance, by the further action of alkalis, became harder and less fusible than before, and not differing in chemical composition from the original substance, but exhibiting the properties of an organic salt-base. To this substance the author gives the name of *benzoline*. He finds that the salts which it forms by combination with acids are, in general, remarkable for their sparing solubility; and that many of them, as the hydrochlorate, the nitrate and the sulphate, are crystallizable. Of the properties of these salts the author gives a detailed account.—*Ibid*.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## REMARKABLE CASE OF ILLUSIVE VISION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The contents of this communication I hope will be sufficiently interesting to serve as an apology for my intruding on one with whom I have had no personal acquaintance, knowing, as I do, the interest you have always taken in the promotion of science.

The case is a rare one, and, as far as I know, the most remarkable instance of the kind ever experienced by any person. I was bred a physician in the years 1802, 3 and 4, and at a period when *animal magnetism* and *phrenological bumps* were not consulted as the arbiters of the destinies of men. I pursued that course of life to which my inclination and fancy led, and many times no doubt at the expense of my interest and better judgment. But I believe that I sustained a fair reputation as a physician, and as a man of science and good morals. I had a feeble constitution, slow pulse, and was of a scrofulous habit. Nothing remarkable had occurred to me until 1838, in the 59th year of my age, when I found the sight of my right eye began to fail—first, by a *smoky appearance*, *black specks* dancing before it, revolving motion of objects, &c. On entering my sleeping room without a light, it would sometimes appear light as day, and beautifully papered, though different from the real; and in attempting to place my hand upon the wall, it was not there.

Although there was no morbid appearance, the sight soon became so distorted as to cross the axis of vision of my left eye, which soon began likewise to fail, so that in 1842 I was totally blind, without ever suffering any pain or inflammation. In this situation I often dreamed of having my sight restored, and of seeing the most beautiful landscapes. At length these landscapes began to appear in miniature *when awake*; small fields, a few feet square, would appear, clothed with the green grass, and other vegetables, some in bloom. They would continue two or three minutes, and then disappear. I saw them most frequently on first retiring to bed.

During the fall of 1843, as I was sitting by the stove in the evening, I saw a lady sitting by me with an infant child in her arms asleep. In two or three minutes she disappeared. Near the same time I saw a small child standing by me and looking me in the face. The appearance was so familiar that I inadvertently put out my hand, although I knew it to be an illusion, for there was no child in the room. About the 25th of

January, 1844, while in my usual health, I began to discover objects by an internal sight. The apartment was partially illuminated, and I saw different kinds of animals, this appearance continuing for several days and nights. I next began to see a *grey* horse which was constantly standing by me, with a bridle on, champing his bits and tossing up his head as if checked too short. This appearance was constant every day for three weeks.

About the 20th of February I began to see human beings, sometimes in great numbers, of both sexes, and likewise all the different kinds of animals and fowls that I ever saw by the natural sight. The darkest nights were no obstacle to my seeing these creatures, for my room was always sufficiently light to discern every feature of their faces. They would often come to my bed-side, stoop down over me, and look directly into my eyes; and however trying my situation, there was no way for me to avoid it, for to close my eyes or cover my head was of no avail. This state of illusion continued until the 3d of April, a period of ten weeks, during which time I saw more people and animals than I ever saw before, during the same period, in my life, with my natural sight. Besides animated beings, I was shown all the works of art, and a great variety of vegetables, &c. During the whole time of these illusions, I could see through the partition of my apartment, sometimes by two or three openings, into clear day-light; and the surface of the ground would be clothed with green grass. These openings would often increase in size and number, so as to appear as if the whole partition would pass away and leave me in the open day.

On the evening of the 23d of March, after a severe trial with much of my company during that day and evening, I was threatened to be run over about 10 o'clock by a drove of oxen; but having my presence of mind, I sat quiet, and with much crowding they all passed without touching me. In a few minutes after, the partition before me passed away, and I was left the remainder of the night without a covering from the rays of the sun. My prospect, however, was limited, for I was not permitted to see over more than what I judged to be fifteen or twenty acres, situated on a hill-side descending to the south. It was handsomely walled in, and divided into four lots. Near me stood a large *stone barn*. I also saw some cattle grazing in the field, and one large ox came down near me, and went into the barn. I passed the night without a moment's sleep, and arose in the morning very much exhausted, and my eyes feeling so weak that I was not able to open them. The same appearance returned again a few evenings after, but lasted only about three minutes, during which time I saw an old man with a basket upon his arm coming towards me, but he soon turned into a yard and disappeared. Whenever I attempted to extend my observations further, I always lost sight of the whole.

Among the many peculiarities observable in these illusions, I would mention, that for the first ten weeks I saw no human beings, except their head and face, down to their shoulders; the other parts of the body being hid in obscurity. The first time I saw entire forms, was one morning

when I awoke, and turned my face towards the fore-side of the bed ; I saw hundreds of men, women and some children, taking their places in four columns, beginning at the head of the bed, and extending to the west until lost in the distance. They all faced one way, and appeared to be listening to a speaker, though I could not see any. The women were variously dressed, in caps and bonnets or hoods. The men were bare-headed. In fifteen or twenty minutes they broke up and disappeared. I was passing through a back room one evening, and I saw, through an open door, a small room illuminated, but where I knew there was none. I saw a woman standing in the centre of the room, warmly clad, with a frock and hood. Her face was turned partly from me, but she soon turned her face towards me, and sat down in an arm chair. I could not recognize her countenance. In about three minutes the light was extinguished and she disappeared.

After the 3d of April, I saw little or nothing worth noticing (after seeing so much), although scarcely a day passed without my seeing some one or more human faces, until the 18th of June, when various animals were seen about me, and the grey horse which I had formerly seen, with his head still bridled. At this time I rode out a short distance, to visit my daughter, hoping that a change of place and company would give a check to these appearances. But in this I was disappointed. The first night on retiring to bed, I was again much troubled with my silent, but impudent visitors, which prevented my sleeping until a late hour. The second night they were still more intruding, often three or four in number approaching my bed and looking me in the face. The night was stormy and dark : but wherever these human forms appeared, it was always sufficiently light to enable me to see them distinctly. After a short sleep I awoke about 2 o'clock, when my room appeared as light as noonday, and was filled with men and women. They sat upon every side of my bed, and from fifteen to twenty standing up. They often turned towards me, and then towards each other and laughed. As soon as the family were up in the morning, I left my bed. "having to displace two or three of them to make room to dress myself." I returned home the next day, and from that time until the 4th of July, was one continued scene of novelty and wonder, of which I am not able to describe the tenth part. Besides multitudes of people by night and day, I saw horses and carriages in great numbers. At one time a gentleman drove up near me with a span of grey horses and buggy ; he stepped down and helped two ladies into the carriage, and drove off on a smart trot to the south. I kept my eye on them until they had time to drive about half a mile, and they then disappeared in the gloom which has always limited my vision. At another time, one evening, a stage coach came in from the southwest ; as it passed a little by me, it met with a number of carriages standing before a public house. It stopped and waited until the owners could clear the road ; some started forward, others reined back their horses, and in about three minutes the way was cleared, and in the mean time the stage-driver dismounted, adjusted the harness, returned to his box and drove on.

The morning of the 8th of February, 1845, I awoke about 2 o'clock,

and beheld the room illuminated and filled with people of both sexes. They often nodded me in turn, and sometimes they would come to me and look as if they knew me; but believing they were from an evil source, I generally returned a stern and repulsive look, upon which their countenances would change, and they would soon withdraw or disappear. I could see men about their fields and barns, as if at work, in their shirt sleeves. During the whole of that day I saw a multitude pass by me on the left, apparently with reluctance, to a dark building or shed where they disappeared. The following night, at the same hour, I awoke and beheld an extensive plain, with a gentle declivity towards the south—the surface perfectly smooth and handsome. I seemed placed on the southern border, from which I could see a whole regiment of soldiers coming from the north. As they approached, their number increased to thousands. Their dress was so splendid as to dazzle my sight. Their movements were generally quick, often halting and forming in two columns, facing each other, and extending in line as far as the eye could reach. They would then break up and march in different directions, often driving each other in large companies. I felt peculiarly gratified in seeing large groups of little boys running and jumping before and after the troops—many of them dressed in a light blue frock with a scarlet sash. These movements continued through the day until near sunset, when the field was cleared until after 10 o'clock, when I saw them returning, but they took a western movement and soon disappeared.

During the following week I always awoke at the usual time, and beheld new scenes of wonder which I had never before witnessed—such as a city lighted up, huge brick buildings enclosing me on every side, and in a crumbling condition, with dark caverns or arches under them, where I could descry human beings moving about. Sometimes I saw stores of merchants' goods, with their clerks behind the counters, but no customers. In the streets I could see men on horseback, loaded teams, dogs, fowls of all kinds, and mechanical work of every description.

On the night of the 13th, the muster field, before mentioned, was occupied by men on horseback riding towards the west. The number was innumerable. They continued to pass for several hours, in a column at least half a mile wide. The same appearance returned on the 15th. The evening of the 14th, after retiring, I had a most interesting view of a city which enclosed me on every side. The buildings consisted of new frames several stories high, but without any covering. I could count an hundred men on a single frame, pulling on the timbers for the roof. Sometimes a street would be opened as far as the eye could reach, composed of nothing but wooden frames.

Among all the peculiarities of these illusions, was that of a revolving wheel, which seemed to perform the office of a train of cars. The wheel was situated in the interior of a building. I could see only one edge of the wheel, which appeared through a small window. The engineer always stood on the outside of the wheel, and when his face came even with the window, the wheel would stop, and he would step off, while the passengers, from one to five or six, would step out from the



inside of the wheel, each one taking his baggage, and walk off in different directions. This operation was repeated three or four times a minute, for three days, and in the mean time there would be twenty or thirty standing around, waiting their time.

Among the great variety of moving objects which I have seen, their motion has been from right to left, with very few exceptions, as that of the marches and counter-marches of the soldiers. It was common to see two objects moving in the same direction, while one would move much faster than the other and pass by. Another peculiar trait of these motions was, that some corresponded to the motion of the eyeball, while others were stationary, at the same time.

What I have here stated must appear incredible to those unacquainted with the history of illusive visions. Yet it is not only strictly true, but is only a mere sketch of what I saw during fifteen weeks; neither have I language to describe many of the most interesting particulars. How far my blindness contributed to produce such a result, I am not able to say.

Never before have I been able to realize the ancient comparison of the human mind to a microcosm, or universe in miniature. That such a display of military tactics as that seen on the 9th of February, should be kept up with the greatest activity for twenty hours, and which no other person in the world could see, all on my account, is to me truly astonishing. But a little reflection convinced me that the whole was confined within the organ of mental vision, and occupied, perhaps, a space of less than the tenth part of an inch square.

I have had no other motive in making a record of my experience than a hope that at some future day it might contribute something to the advancement of that occult, mysterious branch of science, called mental philosophy; and I shall receive your remarks and advice with much pleasure, if my case is worthy of them. Yours with respect.

*Lempster, N. H., Dec. 7, 1845.*

TRUMAN ABELL.

N. B.—The above communication was copied, at his request, from a letter of his own hand writing.

T. W. ABELL.

### NATURE OF VACCINA.

By S. A. Cook, M.D., Buskirk's Bridge, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

**THERE** are many diseases which, though very different in many of their characteristics, agree in several important points; among which is the fact that when once passed through, they render the system, as a general rule, for life incapable of a second attack.

Diseases associated together by this single character, though very different in their operation, and in their destructive tendencies as wide apart as the poles, yet, says Dr. Holland, "are still so closely associated, that it is impossible to view them asunder. Such is the perfectly definite course of their symptoms, in the ordinary form; the frequency

of an external or eruptive stage in each; and the well-marked power of conveying infection by the re-production or diffusion of the virus respectively peculiar to them," all of which, while they possess many characteristics in common with other diseases, serve to set them distinctly and forever apart from them.

Again, when we consider the minuteness of the speck of virus capable of producing so great a commotion in some cases, and in others by an almost unnoticed process producing a change as permanent as life, we might be astonished at the apparent disproportion between cause and effect. Yet when we reflect that the process with regard to the virus is nothing more nor less than a species of generation, and that like the *ova* of many of the insect tribes, the virus is deposited in a nidus adapted to hasten or aid its incubation; it would not be inconsistent with analogy that the same bed would answer the purpose but once. Not intending, however, to enter the fields of conjecture in a paper like the present, I shall not venture to pursue this train of reasoning farther, fully coinciding with Dr. Holland, when examining this subject, that while looking at the general form of this class of diseases, "we seem ever on the verge of some discovery giving new inlet to the more mysterious parts of the animal economy. Such discovery, indeed, if hereafter made, is not unlikely to be derived from methods of inquiry in which these relations are directly involved."

Pathological science is not yet sufficiently well understood to determine in what these changes consist, or even upon what tissue or material of the system they are effected. What change of structure or action gives to them definiteness of course or symptoms? By what peculiar process, vital or chemical, or both, is a virus concocted which maintains its own specific characters through unnumbered generations? What change affords prophylaction? These questions are yet among the innumerable unanswered ones in the womb of time, for future investigators to answer. But though we cannot explain all the mysteries of prophylaction, much less tell how a disease so mild as vaccina can protect the human system against the assaults of one so violent as variola; yet, by a careful examination of facts noted by observers in various countries, we may learn the extent of the protection and the laws that govern its operation; may give to man the inestimable blessing of escaping this plague of plagues, though unable to satisfy his curiosity with regard to its *modus operandi*.

Vaccina can only be communicated from one individual to another by inoculation. When the virus has been properly inserted, no disturbance, either general or local, is observable, if we except that arising from the slight mechanical injury of inoculation, till from a day and a half to three or four days after, when "a small red point may be perceived to mark the spot of insertion, which being pressed gently and the fingers at the same time drawn carefully over it, will yield sensation like that from a very small hard body situated beneath the surface of the skin. The redness likewise will be perceived to vanish during the pressure, but to return upon its removal. This is the first evidence of the action of vaccina.

“The inflamed point now slowly and gradually enlarges. Towards the fifth day it takes on that peculiar action of secretion which is one of the most beautiful features of the affection. A particle of clear and transparent virus may be perceived to have been formed during the course of the day, and to be deposited at the very extreme circumference of the yet incipient vesicle; the cuticle, round the centre, begins to be raised and separated from the structure beneath, under which watery lymph is deposited.”

To this period we can discover no constitutional impression; and if the vesicle should now be completely removed, the impressibility to smallpox would in no wise be eradicated, or perhaps even modified. The magazine is now formed from which the constitution is to draw its necessary supply until saturated. “The lymph continues to increase, filling the extreme edges of the vesicle, while the centre remains unaltered, and in its natural state. As the affection progresses, the secretion of the virus continues, and the surrounding edges become more full and more prominently elevated above the centre.” By the eighth day, as a general rule, the vesicle reaches its *maximum*, though in this respect there is a considerable variation in different individuals, and also a perceptible difference in different seasons: “its circular margin becomes elevated, and its centre proportionally depressed.”

At this time, if punctured with a lancet, a transparent fluid exudes, which is the genuine humanized vaccine virus; perfect in quality for use, which is probably the latest day that so much can be said. Virus may be obtained at a later period, that will frequently answer the designed purpose, yet it is mixed and diluted with other than specific matter. The constitution, if no contingences interpose, soon becomes saturated, and the impressibility to variola is destroyed. Absorption into the system, and the exhaustion of susceptibility to variola, are usually completed by the tenth day, and between the eighth and tenth is the usual time for the manifestation of the constitutional symptoms, consisting of a slight general indisposition, presenting the ordinary phenomena of mild febrile commotion.

All these manifestations exhibit the specific character of the disease; but when the susceptibility to variola is destroyed, that of vaccina is also, and the remaining virus in the vesicle having lost its specific power, local and general, possesses only that of a simple irritant or extraneous substance, and through this property another action is produced around the vesicle, which is nothing more than a simple inflammation, modified, as all simple inflammations are, by its cause, and the state of the system; terminating in suppuration, depositing a layer of pus under the vesicle, and thus cutting short the farther unnecessary absorption of the vaccine lymph. The vesicle being now insulated, concretes into a semi-crystalline scab, resting on a layer of opaque purulent matter; all of which usually fall off about the twenty-first day.

Such is the order in which the phenomena of this invaluable disease are developed, beautifully illustrating the truth, that pathological changes exhibit the same regularity and harmony in their progress, as we see in the performance of the healthy functions. And as in the latter contin-

gences may derange or entirely prevent their completion ; so in vaccina their occurrence may so disturb the harmony of its progressive development, as to render its operation incomplete and nugatory.

Thus Dr. Hayward relates, that in 1816 he vaccinated a female infant ; a perfect vesicle was formed, from which he took matter on the eighth day, that gave the disease to others. On the ninth, in consequence of the exposure of the limb to a strong current of air while the child was asleep, a violent inflammation took place round the vesicle, and a great discharge of pus followed. During the year 1827, entertaining some doubt whether the system was protected against smallpox, he vaccinated her again, and no one ever had the disease more perfectly than she did. "This induced me to believe," remarks Dr. Hayward, "that the inflammation and suppuration around the vesicle prevent the absorption of the vaccine virus into the system, and that the disease, until this takes place, is entirely local."

This opinion of Dr. Hayward is undoubtedly founded in truth. As the process by which nature terminates the absorption of virus is by inflammation and suppuration, it follows that whatever contingency excites this state too early, cuts short the supply of virus before the constitution is saturated and the individual protected. Yet would Dr. Hayward's case have afforded much more satisfactory evidence of the principle deduced, had the re-vaccination been performed soon after the failure or destruction of the vesicle.

Another circumstance that should be noticed in Dr. Hayward's case, is the wounding of the vesicle for the purpose of obtaining virus—a proceeding, when only a single vesicle is produced, entirely unjustifiable, and one which was more probably the cause of the ensuing inflammation of the vesicle than the current of air that so inopportunately touched the arm on the ninth day. Where but a single vesicle arises it should be watched with more than ordinary care, that no injury befall it ; and if by accident it get inflamed so early as to render doubtful the complete saturation of the system, I have usually adopted the plan recommended by Mr. Bryce, of Edinburgh, to immediately re-vaccinate while the constitution may yet be under the partial influence of the matter from the first vesicle.

#### DEATH OF DR. DOUGLASS HOUGHTON, STATE GEOLOGIST OF MICHIGAN.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Science and humanity have much to deplore in the death of the lamented Dr. Douglass Houghton, State Geologist of Michigan, who was drowned near Eagle River, Lake Superior, on the evening of the 13th October last. Dr. Houghton was one of the most learned and distinguished physicians at the West. Much of his time in the latter part of his life was devoted to the pursuit of science, and particularly to the science of Geology and Mineralogy. Some extended reports of his have been laid before the State Legislature of Michigan, and have been

published, which do great credit to his indefatigable researches in this interesting department of knowledge. It was, I believe, in the prosecution of his discoveries and researches in the region of the copper mines, near Copper Harbor, on Lake Superior, that he met his untimely fate in the midst of high health, great usefulness, and at the period of middle age. Not long before he was drowned he was appointed Professor of Geology, Mineralogy and Chemistry in the Michigan University at Ann Arbor. He was formerly a distinguished pupil of the late Professor Eaton, of the Scientific Institute at Troy. I send you an account of the public meeting at Detroit, in consequence of the death of Dr. Houghton, with the resolutions, which give an exposition of the estimation in which he was held by the citizens of Detroit, and the inhabitants of Michigan. I think they will be read with interest by our professional brethren in the various parts of the Union, where your wide-spread Journal is circulated.

Most truly yours,

*Deerfield, Mass., Dec. 11, 1845.*

STEPHEN W. WILLIAMS.

Dr. Zina Pitcher offered the following preamble and resolutions.

*Whereas*, We have learnt that Dr. Douglass Houghton, Geologist of this State, was drowned near the mouth of Eagle River, on Lake Superior, on the night of the 13th inst.:

*Resolved*, That this community have heard with deep regret of this melancholy catastrophe, which has deprived us of one who has been for many years a most useful and estimable citizen.

*Resolved*, That as citizens of Detroit we have lost in Dr. Houghton one who has been zealously and closely identified with our best interests. In public and in private his efforts have been ceaseless to promote our welfare. When that dreadful scourge the cholera was abroad among us, his unremitting labors and kindness contributed much to mitigate and stay its ravages. And when called to preside over our Councils as Mayor of the city, he manifested the same solicitude for the public good, and by his independence and energy obtained the respect of all parties and all men.

*Resolved*, That this State has been deprived of one of her brightest ornaments, and one who has done much to increase her reputation and her welfare. Chosen at an early period State Geologist, and Professor of Geology, Chemistry and Mineralogy, in the University of Michigan, he began and has continued his labors with untiring devotion, to collect such knowledge as would best enable him to benefit the State and the cause of education. For this he has sacrificed his time, his money, and his health, and more than once perilled his life. Disregarding every hardship and sacrifice, he has persevered and accomplished enough to gain for himself and for us a distinguished reputation among the patrons and followers of knowledge. And by his skilful efforts to develope the rich resources of our soil, he has advanced us far on the way to prosperity and distinction. The work which he has done is one of our best passports to honor and respect, at home and abroad.

*Resolved*, That science in his death mourns for the loss of one of her noblest sons. Without guide or teacher he devoted himself to its study

in his early youth, and from that time onward has never wearied in its researches. And by his quiet and unobtrusive modesty he has exalted its character as much as by his thorough and extensive acquirements. It never had a more unassuming or a more worthy votary. The distinguished societies of this country and of Europe have enrolled him among their numbers, and whenever he has appeared among them, he has been listened to with attention and respect. He occupied one of those high places in which it will be hard to find a worthy successor.

*Resolved,* That we remember with gratitude and respect his character as a *man*. Open-handed and generous, and affable alike to all, the rich and the poor have lost in him a benefactor and a friend. And he has left behind him a noble example of persevering constancy. A self-made man, he has not for a moment relaxed in his industry, or suffered any temptation to divert him from his lofty aim. Both when standing almost alone and unaided, and when his perseverance and devotion had multiplied his friends and increased his prosperity, he still remained the same steadfast, laborious student, the same honest, independent and generous man. And few have departed so young as him, who have left in any community so many attached friends of every age and class, or so bright and decided a character to revere and imitate.

*Resolved,* That we tender to the bereaved family of the deceased, our earnest and heartfelt sympathy.

#### DR. NORTH—THE TREATMENT OF CHRONIC DISEASES.

[Communicated for the Boston Medical and Surgical Journal.]

THOUGH a constant reader of the Boston Medical and Surgical Journal, yet, by some oversight, I did not notice, till a day or two since, an article "On the Treatment of Chronic Diseases," by Dr. North, of Saratoga Springs, though it was published in the weekly number of April 23d. I refer to this paper because it harmonizes so perfectly with my own long-cherished views on this subject.

It seems to me the medical profession have lost very much in not giving that prompt and constant attention to chronic diseases which Dr. N. recommends. I know it is very difficult for a practitioner in medicine, who attends to all branches of the healing art, and who is called from one case of acute and dangerous disease to another, day by day, to recollect the case of the chronic invalid, and more especially the *symptoms* of his disease, when he sees him but once a week. But the fact that he does not remember all these, though his avocations are such that it is impossible for him to do it, has unquestionably been the occasion (though on the part of the practitioner the innocent occasion) of his patient's falling into the hands of some one of the numerous charlatans of the day. Would it not be a great improvement in reference to such patients, if the physician would uniformly give them to understand, at the first call, that chronic diseases cannot be speedily eradicated—that when they have once invaded the system, the process of cure must be slow and protracted, and

restoration to health very gradual—that he shall by no means be neglected—and that, if he depends on you for his physician, he shall be visited as often as the nature of his case demands. If a practitioner does not choose to engage one of these protracted cases, he had better give his patient such notice at his first visit; but if he does so engage, let him do it with a distinct understanding of the full amount of the time, remedies and attendance, which will be necessary to restore health to the long-diseased body, and let his efforts to accomplish that work of healing not be relaxed till it is done.

The nature of such diseases, and the tendency which there naturally is in a *general* practice to neglect, or *seem* to neglect them, has often caused me to think that it would be much better for such patients, and for patients generally, and far more for the honor of the medical profession, if more of them confined their practice to the treatment of one specific disease, or one *class* of diseases. This is the case, to a far greater extent, in Europe and England than in America; though here, we have the medical practitioner and the surgeon, the oculist, dentist, &c. Let us have those who confine all their attention to one class of diseases, as our professors in medical colleges lecture upon *one* branch of medical science, and it seems to me it will be a decided improvement in medical routine.

The importance of Dr. N.'s plan of "a manuscript blank volume, for a case book; in which each case and prescription should be carefully noted," is of vast moment. It is by no means a new suggestion, but, nevertheless, it ought to be repeated until it shall be universally adopted. There are many reasons for its use. It serves not only to recall the symptoms of that particular case, with the prescription given at the time, which, the doctor remarks, are so often forgotten; but it may be of great utility as a reference in other cases of a like character when reviewed at leisure. No physician can always call up, at any one moment, all the best remedies for an individual case; but, if he keep a memorandum of his cases with the prescriptions, and carefully note down the effect of the remedies, he will find it an invaluable assistant for future practice. We know a physician who has pursued this course for many years, and, he thinks, with great benefit.

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#### ABSCESS AND SLOUGHING OF THE EXTERNAL CAROTID.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—My attention has just been called to the prize essay of the Connecticut Medical Society, by Dr. P. W. Ellsworth, which you have recently published in your Journal. It was with no little surprise that I met with allusions to my name in that essay, and the more so as I found that in both instances where my name was used, the Dr. had fallen into error. I allude to the case of abscess and sloughing of the external carotid.

The account of the case is correct so far as relates to the hemorrhage



and its suppression. But in the farther relation of the case I am represented as committing (what I would consider in any one else) a most unpardonable error, that is, removing "the plugs for some reason or other next day." On referring to my notes of the case, I find that the dressings were removed on the *fifth* day, which even then was earlier than I wished, but the weather was very warm (August), and the wound had become exceedingly offensive, which induced me to dress it thus early. On removing the "plugs" I found the ulcer assuming a very healthy appearance, granulating kindly, and the external carotid artery entirely separated, and the loose end completely isolated for one third of an inch; and instead of being with "open calibre," as represented in the essay, it was perfectly closed, and the pulsation in it could be as distinctly seen as that of an artery with a ligature upon it after amputation. There was no pulsation that could be perceived in the temporal or facial arteries on that side for several months, but it was finally perceived, though indistinctly at first, and it is still quite feeble.

In the other case I am represented as using "tinct. myrrh with carb. potass." It was carb. *ammonia* that I used, which may not be as useful as the potass., yet I prefer to have it correctly stated.

I have no doubt that Dr. E. intended to state the case correctly, and do not wish to find fault with him. Still I would like to have the corrections made in your Journal, if you can allow it. L. WOODRUFF.

*New Britain, Conn., Dec. 9th, 1845.*

#### ORIGIN AND PROGRESS OF STORMS IN THE UNITED STATES.

[FROM the Report of the Surgeon-General of the United States Army to the Secretary of War, dated Nov. 1, 1845, we copy the following letter from Mr. Espy, the meteorologist, to Dr. Lawson. Mr. Espy, as well as the Surgeon-General, deserves great praise for his meteorological investigations, and it is gratifying to perceive that their researches are likely to be crowned with success.]

SIR,—With the aid of Lieut. Irons, I have since my last "report" completed ninety-two meteorological charts, for the months of January, February and March, 1844. These are the months corresponding to those of my first report for 1843.

In that report I ventured to draw from the documents then collated the following twenty generalizations:

1st.—The rain and snow storms, and even the moderate rains and snows, travel from the west towards the east, in the United States, during the months of January, February and March, which are the only months yet investigated.

2d.—The storms are accompanied with a depression of the barometer near the central line of the storm.

3d.—This central line of minimum pressure is generally of great length from north to south, and moves sideforemost towards the east.

4th.—This line is sometimes nearly straight, but generally curved, and most frequently with its convex side towards the east.

5th.—The velocity of this line is such, that it travels from the Mississippi to the Connecticut river in about twenty-four hours ; and from the Connecticut to St. John's, Newfoundland, in nearly the same time, or about thirty-six miles an hour.

6th.—When the barometer falls suddenly in the western part of New England, it rises at the same time in the valley of the Mississippi, and also at St. John's, Newfoundland.

7th.—In great storms, the wind, for several hundred miles on both sides of the line of minimum pressure, blows towards that line, directly or obliquely.

8th.—The force of the wind is in proportion to the suddenness and greatness of the barometric depression.

9th.—In all great and sudden depressions of the barometer, there is much rain or snow ; and in all sudden great rains or snows, there is a great fluctuation of the barometer.

10th.—Many storms are of great and unknown length from the north to the south, reaching beyond our observers on the Gulf of Mexico and on the northern lakes, while their east and west diameter is comparatively small. The storms, therefore, move sideforemost.

11th.—Most storms commence in the "far west," beyond our most western observers ; but some commence in the United States.

12th.—When a storm commences in the United States, the line of minimum pressure does not come from the "far west," but commences with the storm and travels with it towards the east.

13th.—There is generally a lull of wind at the line of minimum pressure, and sometimes a calm.

14th.—When the wind changes to the west, the barometer generally begins to rise.

15th.—There is generally but little wind near the line of maximum pressure, and on each side of that line the winds are irregular, but tend outwards from that line.

16th.—The fluctuations of the barometer are generally greater in the northern than in the southern parts of the United States.

17th.—The fluctuations of the barometer are generally greater in the eastern than in the western parts of the United States.

18th.—In the northern parts of the United States the wind, in great storms, generally sets in from the north of east, and terminates from the north of west.

19th.—In the southern parts of the United States, the wind generally sets in from the south of east, and terminates from the south of west.

20th.—During the passage of storms, the wind generally changes from the eastward to the westward by the south, especially in the southern parts of the United States.

The great uniformity of the phenomena accompanying the storms of the first three months of the year 1843, emboldened me to draw the above generalizations ; observing, at the same time, "how far these generaliza-

tions will apply to other months of the same year, or to the same months of different years, remains to be seen by future investigations."

I have the pleasure now to state, that the phenomena exhibited in the charts herewith communicated so entirely correspond with the above generalizations, that there seems to be no necessity to make any change in them. It is therefore expected that future observations will establish them as *laws*, applying to *these*, and perhaps to the other winter months.

In the summer months, however, there is one great feature of the storms of the winter months wanting; that is, their great size. In the summer the rains are quite local; and though, like the winter storms, each rain appears to progress towards the east from the place of beginning, yet, from want of size and continuity over a great space, they are not so easily traced.

I shall, therefore, not attempt to deduce any generalizations for the summer storms, until all the journals which may be received for several years shall have been collated.

In conclusion, I will venture to deduce two other generalizations, as applicable to the storms of January, February and March.

21st.—The northern end of the line of barometric minimum generally moves faster toward the east than the southern end.

22d.—The maxima and minima of the thermometer move towards the east with the storms.

All which is respectfully submitted.

JAMES P. ESPY.

#### THE RELATIONS AND NATURE OF WATER.

[THE Introductory Lecture to the course of Chemistry, by Professor Draper, of the University of New York, is one of the best and most beautifully written of his published papers. We should be glad to copy the whole lecture, but can at present find room for only the following.]

We talk about the uses of water, and imagine that nature furnishes us a perennial supply. The common philosophy of people is doubtless advanced so far as to admit that in some unknown manner this substance is created in the clouds, descends as rain for the uses of animals and plants; but whence it came, or where it goes, never enters into their consideration. Men constantly forget that in this world nothing is ever annihilated; an atom, once created, can by no process be destroyed. The liquid that we drink to-day has been drunk a thousand times before; the clouds that obscure the sky have obscured it again and again; and if the sorrows of mankind are as many as the philanthropist may well fear, he might suspect a great part of the ocean is perhaps made up of tears that have fallen from the human family. In the air their sighs die away, and in the ocean their tears are all lost. This using over and over again is a striking characteristic of the ways of nature; the beautiful and the vile—the great and the small—are all mingled together; the tears that you shed in the depths of grief to-day, may be squirted to-morrow through a hose-pipe to clear the dirt off the streets; or whistled away through the squeak

of a loco-motive, to scare some dilatory cow off the track. So much for the sorrows of man.

What then becomes of the immense quantities of water, which, thus entering as a constituent of the bodies of animals, gives to their various parts that flexibility which enables them to execute movements, or combining with vegetable structures, fits them for carrying on their vital processes. After the course of a few years, all existing animals and vegetables entirely pass away; their solid constituents disintegrate and take on other conditions, and the water lost, perhaps, for a time in the ground, at last escapes in the form of vapor into the air. In that great and invisible receptacle, all traces of its ancient relations disappear—it mingles with other vapors that are raised from the sea by the sun. From the bodies of living animals and plants, immense quantities are hourly finding their way to the same reservoir. In a crowded city, from the skin, and by the breath of its numerous inhabitants, clouds of vapor are continually escaping—we see this visibly going on in the cold weather of winter; and, though invisible, the process is equally active in summer—the escape arising from the drink that we take, or from all those various portions of the system that are dying each moment—for the life of an individual being is made up of the successive death of all its constituent particles. In the same manner, from the forests and meadows, and wherever vegetables are found, water is continually evaporating, and that to an extent far surpassing what we might at first sight be led to suppose. In a single day, a sunflower, of moderate size, throws from its leaves and other parts, nearly twenty ounces weight. How enormous then must be the quantity which escapes from the surface of a great continent. Yet all this is thrown into the air, and there it mingles with other portions, some of which are coming from living races, and some from the decay of the dead, some derived from the surface of the ground, and some from the remote regions of the sea. It seems as if nature had taken sure means that here all traces of identity should be lost. The winds, proverbially inconstant, blow at one time from the coasts of Europe, at another from Africa, at another from Asia. In the republic of the universe there is a stern equality, the breath of the king intermingles with the breath of the beggar, and the same quiet atmosphere receives the exhalations of the American, the European, the Asiatic, the African; the particles that have risen from the dead intermingle with those from the living, and as if this were not enough, the winds and the tempests obliterate every distinction, and dash in one common confusion these relics of every part of the globe.

From the atmosphere—that grand receptacle, at proper periods, portions of the accumulating water are removed. Each evening in summer, as soon as the sun goes down, some fall as dew, covering the leaves of plants and other objects which have been parched by the warmth of the day. In sequestered places, in valleys, and on the sides of mountains, mists collect—these are nothing more than terrestrial clouds composed of innumerable little drops of water. They fall upon the ground,

and trickling in streams, find their way to the rivers, and from thence to the sea. Other portions collect as clouds in the more elevated regions of the air, and there they take on fantastic shapes, changing their forms and their colors every moment. Some, when the sun is in certain positions, borrow a glory from his rays; some hide the lightning in their darkness; and some afford a curtain on which the rainbow is painted. Of these drops that descend together, who can tell the history: from what region did they come, or what was their last condition? In an invisible state they have been in that invisible world which envelops the earth on all sides, and nature has taken from them every mark which could indicate the scenes they have passed through.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON. DECEMBER 24, 1845.

*Epidemic Smallpox.*—Although little is said, the fact is notorious, that smallpox, and its varioloid phases, are very prevalent the present season in most of our large cities. The number of deaths announced in the bills of mortality at Philadelphia, Baltimore, and some other places, demonstrates the criminal negligence of the people to avail themselves of vaccination. But there is the strongest prejudice against it imaginable, in the minds of many of the ignorant, who conceive themselves exceedingly wise. Even in Boston, it is no uncommon thing to hear both men and women, who appear to be persons of ordinary intelligence, declare, with an air of contemptuous triumph, that they “*don't believe*” in the operation, and therefore positively refuse the blessing when proffered and urged upon them gratuitously. By such individuals, to some extent, the malady is kept in perpetual existence with us, although a never-ceasing effort is made to protect the great body of the inhabitants.

With regard to Boston, it should be distinctly understood, since the circumstance is one of general remark and of much importance, that the regular inhabitants of the city are not the sufferers by smallpox, to any extent worth noticing; but those who come here to seek temporary employment. They arrive in the full vigor of health, and many, whose hopes and prospects were most satisfactory, soon fall victims to this pestilence that walketh in darkness. Such as recover, which is a multitude in the aggregate, are ever after disfigured and scarred in a manner that shows the contest which they had with the terrific foe.

Varioloid, which is rarely fatal, is so exceedingly common as to excite no marked attention, except where the wholly unprotected are within the reach of its influence. In most cases, the patients are those who have vaccinated themselves. Many physicians conceive the susceptibility to be in consequence of the insertion of deteriorated virus. Of all the States in New England, Maine is by far the most melancholy sufferer from smallpox; and for the last twenty years, within the compass of our own recollection, the numbers from that State who have died of it, even in Boston

and its vicinity, would make a formidable catalogue. The same State furnishes, it is presumed, two thirds of all the cases of smallpox and varioloid, occurring in Boston the present season. Young seamen from that State, also, die of it all over the world. There appears to be an utter disregard to vaccination in the inland towns of Maine, which explains the unprotected condition of the multitudes of their young men and women who flock to this metropolis. This sad neglect of both parents and the public authorities has been often repeated, in this Journal and elsewhere, but they heed it not—and the fated State of Maine, without some more interest in vaccination, is destined to supply food for this wasting pestilence, for another generation to come.

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*Phthisis and Typhoid Fever.*—Through the politeness of Mr. Gliddon, the celebrated Egyptian antiquarian, we have received a letter from Dr. Boudin, chief physician of the Military Hospital of Marseilles, in which he propounds certain questions to the medical practitioners of the United States, in regard to phthisis and typhoid fever, which will soon be presented to them. He appears to be resolutely engaged in collecting certain statistical facts in regard to the localities where these diseases are most common in this country, with a view, no doubt, to comparing them with a similar class of observations made in France.

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*Lunatic Asylum of Tennessee.*—A report was given in October last, by the medical superintendent, to the Legislature. This has really been a favorite institution of the State. Those who have been in Nashville know very well how much it differs from similar establishments in other places in the Union. Why does not some one have the moral courage to picture its condition? The statistics of the report are marked for publication.

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*Longevity influenced by Marriage.*—The origin of the following article is unknown. It is nevertheless characterized by good sense; and the statistical facts which are incorporated with the remarks, are no doubt true. At all events, if any one feels at liberty to controvert any part of the extract, upon good authority, he shall have a hearing.

“The influence of marriage on health and human happiness, is an interesting and important inquiry. As the institution is based on the natural laws of the human constitution, there can be no doubt but that its relations, when properly entered into, are productive not only of happiness, but of a greater increase of health, as well as longevity of life. An European philosopher has recently made very extensive observations on this subject, and collected a great mass of facts which conclusively settle these points. His researches, together with what was previously known, give the following remarkable results. Among unmarried men, at the ages of from 30 to 45, the average number of deaths only are 18. (?) For 41 bachelors who attain the age of 40, there are 78 married men who do the same. As age advances, the difference becomes more striking. At 60 there are only 22 unmarried men alive, for 98 who have been married. At 70, there are 11 bachelors to 27 married men, and at 80 there are 9 married men for 3 single ones. Nearly the same rule holds good in rela-

tion to the female sex. Married women at the age of 30, taking one with another, may expect to live 35 years longer; while for the unmarried, the expectation is only about 30 years. Of those who attain the age of 45, there are 72 married women for 52 single ladies. These data are the result of actual facts, by observing the difference of longevity between the married and the unmarried."

*Neill on the Nerves.*—Without having devoted much attention to a new treatise on the nerves, by John Neill, M.D., of Philadelphia, author of a recent chart of the arteries, we have seen enough of the plates to be satisfied of their accuracy. In pursuing a series of dissections, these lithographs would be invaluable, enabling the student to identify the individual nerves in almost any part of the body, without additional assistance. Jordan & Co. have it for sale.

*Medical Department of the U. S. Army.*—From the Surgeon-General's last annual Report, it appears that—

"The number of officers and men remaining sick on the 30th of September, 1844, was 620; and the number of cases of disease which have occurred within the twelve succeeding months, is 22,496; making an aggregate of 23,116 cases of indisposition that have been under medical treatment since the last report. Of the whole number of sick reported, 22,091 have been restored to duty, 14 are on furlough, 168 have been discharged the service, 14 have deserted, and 78 have died; leaving, on the 30th of September, 751 still on the sick report.

"The mean strength of the army for the last 12 months being, according to the monthly returns in the Adjutant-General's office, 8590, and the number of cases of indisposition reported during the same period being 22,496, it will be perceived that the proportion of cases of disease to the number of officers and enlisted men in the service was 2.61 to 1, or that, on an average, each man was sick 2.61 times during the year; that the ratio of deaths to the number of men was as 1 to 110.12, or 0.90 per cent.; and the proportion of deaths to the number of cases under treatment, as 1 to 295.07, or 0.33 per cent.

"A medical board for the examination of applicants for appointment to the medical staff of the army was convened in the city of New York on the 1st of July last. Before this board 15 candidates were invited to present themselves, 10 of whom only appeared and were examined; and of these, but two were approved and recommended for appointment."

*Massachusetts Medical Society's Publications.*—In answer to a correspondent we are able to state that the following works have been distributed by the Massachusetts Medical Society to its members, viz.:—

Smith and Tweedie on Fever; Pearson's Surgery; Mackenzie on Diseases of the Eye; Copland's Dictionary, 3 vols.; Louis on Typhoid Fever, 2 vols.; Dissertations on Direct Exploration; Louis on Yellow Fever; Green on Diseases of the Skin; Collins's Midwifery; Brodie on Diseases of the Joints; Ashwell on Diseases of Females; Cooper on Dislocations and Fractures of the Joints.

Of the above there now remain in the library copies of Vol. 1, Smith



and Tweedie on Fever, price 75 cents; Vol. 7, Dissertations on Direct Exploration, 75; Vol. 8, Copland's Dictionary (2d Part), 1,25; Vol. 11, Collins's Midwifery, 75; Vol. 12, Brodie on Diseases of Joints, 1,00; Vol. 13, Ashwell on Diseases of Females, 1,00; Vol. 14, Cooper on Dislocations and Fractures of the Joints, 1,50; Vol. 15, Copland's Dictionary (3d Part), 1,25.

It will be seen that there are none of the first volumes of Copland's Dictionary—but an edition has been published in New York, and, if the first volume is found to correspond with the Society's edition, a number of them will be procured and furnished to members at \$1,25.

The superintendent of the Masonic Temple will deliver the books between 12 and 2, daily.

*Rhinoplastic Operation.*—Dr. March, of the Albany Medical College, whose surgical skill is constantly manifested in his clinics before the medical class, has recently performed this operation on a man from Vermont, three fourths of whose nose had been destroyed. A sheet-lead pattern of the flap being placed on the forehead, an outline was made with ink, as a guide for dissecting it. A portion of one of the alæ of the original nose, which had not been wholly destroyed, was partially detached and elevated, to serve as a septum and column for the support of the new nose. The flap was then dissected down from the forehead to a point between the eyebrows, and twisted, but not detached. On one cheek, a groove was made for the reception of one ala, while the other was merely denuded of its skin adjoining the place from which the column was taken. The flap was then nicely adapted to the raw surfaces, and retained by sutures. The column was attached to the apex by sutures, and the nostrils plugged with oiled lint. The wound in the forehead was then dressed, with sutures, lint and compress. The uniting process has now, a week after the operation, been highly favorable.

*Medical Miscellany.*—A Dr. Hatch has been arrested at Philadelphia, accused of robbing an express.—Dr. Scott is Speaker of the House of Delegates in Virginia.—Dr. E. Parmly, Dr. J. D. Russ, and Dr. John H. Griscom, of New York, belong to a society which manifest great benevolence, in looking after the interest of persons arrested as criminals, and also in providing for those who have been discharged from prisons.—Dr. Elijah White, of Oregon, late U. S. Agent of Indian affairs of that far off territory, is the bearer of a recent memorial from the settlers there, to the Government at Washington.—Smallpox prevails so alarmingly in Henderson, Ky., that the courts cannot be held, owing to the fears of jurymen of contracting the malady.

TO CORRESPONDENTS.—A review of Dr. Dickson's Chrono-thermal System of Medicine, one of Dr. Belford's Introductory Lecture, and Dr. Mansfield's Remarks on Vaccination, &c., have been received.

Number of deaths in Boston, for the week ending Dec. 20, 50.—Males 17, females 33. Stillborn, 3. Of consumption, 14—smallpox, 4—infantile, 4—scarlet fever, 1—diabetes, 1—inflammation of the lungs, 2—child-bed, 4—disease of the heart, 1—inflammation of the bowels, 2—intemperance, 1—dropsy of the brain, 1—teething, 1—disease of the liver, 1—hooping cough, 1—typhus fever, 3—syphilis, 1—asthma, 1—convulsions, 1—fever and ague, 1—worm fever, 1—rapture, 1—croup, 1—drowned, 1—unknown, 1.

Under 5 years, 15—between 5 and 20 years, 6—between 20 and 60 years, 25—over 60 years, 4.

*The Philosophy of Medicine.*—Dr. Paine's Introductory Lecture to the Medical Class of the University of New York has been published. It treats of the philosophy of life, of disease, and of medicine, and is written in the wonted vigorous style of the author. A page is here copied.

"Nothing short of an enlightened and comprehensive view of nature, in all her departments, can constitute an able practitioner of medicine. Where one department engrosses the attention, all others are brought hypothetically within that limited compass. It is like cultivating one property of the mind at the expense of the rest. The poet thinks differently from the man of enlightened judgment—the lawyer is prone to sophistry and scepticism—the mathematician is wrapt in abstract truths and deficient in practical business. The history of nature is nothing to the chemist out of his laboratory. In physiology he is like the astrologer amongst the stars.

"Shall I speak of the physician? It is said by Samuel Johnson that he is more apt to cultivate all the powers of his understanding, and all departments of nature together, and that he has, therefore, been more distinguished for an enlightened and comprehensive view of the various subjects for reason, than any other class of mankind.

"Although nature, to the eye of the philosopher, appears in an aspect of astonishing simplicity when he contrasts her forces and laws with the diversity of the phenomena, he does not confound the fundamental principles which distinguish the different departments of nature. The phenomena, also, to every other eye, appear confused, and such as are peculiar to organic beings are mixed up with those of the inorganic. But he who has obtained, by a wide observation of nature, the key to the philosophy of life, lays open at once the apparent secrets of all its results, whether in health or disease. Whatever he sees has its individuality, and stands in relief from all the rest. He knows at a glance from whence this or that springs, how it is related to others, and how to trace the whole directly up to a few simple principles. To all but such an eye, however, the phenomena of life, and more especially of life diseased, appear as does a field to all but a botanist. The common observer sees nothing but a confused assemblage of grasses, and probably will tell you there is but one species, where the botanist will as instantly discover fifty. Each species has, to the latter, a distinct individuality, and he cannot regard them in that state of confusion which is seen by the uninitiated. He has studied each plant, knows its specific characters, its relations to others, its habits, &c. By these modes of observation he has also acquired the knowledge that nature has pursued a common plan of organization, and linked the whole by close analogies throughout the vegetable kingdom. Were the botanist, therefore, to range simultaneously amongst the 100,000 species of plants, he would see nothing but individuality, and the greatest simplicity in the principles upon which the whole are constituted. And just so it is with a philosophical observation of the healthy and morbid phenomena of the animal kingdom."

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*New Medical Works in London.*—On Diseases of the Liver. By G. Budd, M.D., F.R.S.—The Power of the Soul over the Body; considered in relation to Health and Morals. By George Moore, M.D.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## REVIEW OF DR. DICKSON'S "CHRONO-THERMAL SYSTEM OF MEDICINE."

[Communicated for the Boston Medical and Surgical Journal.]

IN the July No. of the New York Journal of Medicine, there appeared a partial review of Dr. Dickson's book, styled "*The Principles of the Chrono-Thermal System of Medicine.*" The reviewer treated the work more as one of those ephemeral fungi which so often shoot out of the body politic of medical literature, "and strait are seen no more," than a work having any claims to serious attention. Shortly after this, an angry kind of notice of the review came out in the New York Courier and Enquirer, censuring the reviewer sharply for summarily condemning the work without a hearing, and claiming for it uncommon merit.

Although we really deem it a waste of time, we must beg pardon of our readers, while we go more fully into the work, and give them a short analysis of what Dr. Dickson calls his "Chrono-Thermal System of Medicine." In doing this, we shall propose to ourselves the following arrangement. 1st. What the author says of himself. 2nd. What he says of others of the profession. 3rd. His theory. 4th. His treatment of disease, interspersing such remarks as may suggest themselves; and here we must beg to observe that we shall not exactly follow in the train of reviewers generally, but begin in the middle and work both ways; and we are not yet certain whether we shall conclude with the last or the first page of the work.

1st. As to what the author says of himself. This, taken in all its bearings and ramifications, constitutes no inconsiderable portion of his book. Without the least hesitancy or apology, we find him, on almost every page, continually obtruding himself on the notice of the reader, in every variety of attitude and on every possible occasion; and often on no occasion at all. Not only are sentences and paragraphs interlarded; but even whole pages are often thrust in, devoted totally to his own matters. On page 36 he introduces himself in these words—

"The first step that I myself made in rational medicine, was to unlearn *all* I had been taught, and that at the beginning was difficult. How I ever came to believe one half the rubbish propounded by medical teachers, I cannot now understand, for the whole doctrines of the schools are a tissue of the most glaring and self-evident absurdities."

How long he remained in this hoodwinked state, he does not say, nor

does he even tell us the length of time required to unlearn all he had been taught ; only, it was difficult walking backwards ; and, paradoxical as it may seem, perhaps if he had been taught a little more, he would have had even less to unlearn—I mean a little more honesty.

Having become fairly unlearned and divested of all scholastic knowledge, and his intellect duly enlightened by the “light of nature,” his favorite light, he condescends to favor us with what he calls the true answer to the question, “what are tubercles ?” He says, on p. 61—

“I wish you to consider it [the answer] well : for it is, or I should rather say, it was until I took the liberty of enlightening the profession, totally at variance with their notions.”

How ungrateful we professional men are, for not acknowledging our obligations to Dr. Dickson for the discovery that “tubercles are diseased pulmonary glands.”

By way of enlightening the profession, like a thorough schoolmaster, he occasionally resorts to the rod. On page 69 we find a specimen of this discipline. He says, speaking of Drs. Forbes and Conolly—

“They have taken care to repeat their abuse of me—a sure sign that they still smart under the effect of the castigation they received at my hands.” Bravo.

In cutting up the reviewers, he says, p. 77—

“Some time ago I showed up one of them in a way he will not soon forget.” This was Dr. James Johnson, who reviewed his book ; “and (continues he) a most unlucky business it turned out for him, for were I to tell you how I replied to his criticisms, you would never hear his name mentioned again without laughing.”

The whole of this page and page 78 is made up of such like egotistical flashings. But on page 108 he seems almost in ecstasies with his principles, declaring that, when he perused them in the writings of others, he was tempted “in sentiment” to exclaim with Dennis—“By G—, that thunder is mine.”

It is, however, on pages 122 and 23 that he caps the climax of his transcendant vanity, by setting himself up as the modern “indomitable Luther,” whose example he boasts of following in heaping “invective on invective,” until, as he elsewhere says, he shall “purify the medical atmosphere of some of its present corruption and foulness” ; and “in the course of these lectures [p. 25] I will give you something better than any *human* authority, however respectable.” He appears throughout his work to have had Paracelsus constantly in his eye. In fact, between the two there seems to be *unity* of sentiment and feeling, though differing somewhat in their manifestations. The vanity of Paracelsus was of a sottish cast, while that of Dr. Dickson is more of a raving, flashing order, both equally disgusting to all honorable minds.

Having noticed these fractional parts of his egotistical ravings, we shall now pass on to the second head proposed, namely, *What he says of others of the profession.*

On page 36 he opens his battery of artillery on the profession generally, by saying—

"So far as my experience of [or in?] medical matters goes, few people in these times are permitted to die of disease. The orthodox fashion is to die of the doctor."

On page 54 he says—

"You will now, I have no doubt, be prepared to question the propriety of the usual *murderous* treatment adopted for spitting blood."

Again, on page 57, he says—

"When so many of my profession, and those not always of the lowest class, descend to practices which degrade medicine into the vilest of trades; when, like the Thugs of India, numbers of them silently and secretly enter into collusion and conspiracies for the purpose of inveigling, under friendship's garb, the unfortunate victims who too confidently repose on their honor and integrity, is it not time the too credulous public should be put on their guard?"

In reference to Broussais, he observes—

"So skilled was he in all the arts of scholastic juggling, not only did he parry every blow aimed against his favorite theme by the skin supporters, but he at last obtained for it so great an influence in the sick room, that no patient of importance *could be put to death* legitimately till he had first been called in to prescribe something for the mucous membrane."

Throughout his whole work, fool and physician are words used synonymously. Thus, on page 102, he says—

"It is only a fool or a physician who could be duped for a moment by such puerility, and Lord Stowel was right when he said a man might be both at 40."

His opinion of medical schools is not any more favorable, for these he denounces by the wholesale. We shall notice only one as a fair specimen of his many sweeping aspersions. On p. 103, he says—

"As for the schools, at this very moment, the whole *regime* of medical teaching is a system of collusion and trick—embracing intrigue and fraud of every kind, with the necessary machinery of periodical journals and reviews, by which the masters are enabled to keep down truth, &c."

Pages of similar libellous expressions might be quoted, but enough has been noticed already to sicken any man of honorable feelings. How a class of high-minded young Englishmen could listen to such astounding and scandalous illiberality, we "cannot now understand." We are compelled to honor Dr. Dickson with the title of Prince of Lampooners.

We now come to that in which Dr. Dickson so much exalts his theory, our third head. He begins by condemning as foolery everything in the shape of Nosology. He makes disease a unit, consisting in an increased or diminished movement of the atoms of the brain and nervous system, invariably with a corresponding elevation or diminution of temperature; even if a small part of the brain only is disturbed, its temperature is always correspondingly influenced.

This atomic movement is always primarily universal, proceeding from causes without. There is no primary local disease, except injuries from local violence. All other local diseases are the effect of one general

atomic movement, deranging weakened or predisposed parts. So that disease is a unit, invariably performing in every case periodic movements. So that unity and periodicity are characteristic of every disease, and intermittent fever is the true type of all diseases flesh is heir to, except local injuries. All diseases, then, are modifications, offshoots, twigs or variations, of this one type, this intermittent fever.

Now who does not know that this doctrine of accelerated or diminished atomic movement, unity and universality of all diseases, and development of local affections as effects, is the very doctrine of Dr. John Brown, taught 40 years ago, embracing all the theory of Dr. Dickson, except his periodicity, temperature and type: and these will ere long be settled as sheer humbuggery.

In support of the doctrine of the unity of all diseases, Dr. Dickson quotes Hippocrates, who says "disease is a unit," and that humor must be the cause of all complaints. Dr. Rush maintained the unity of disease, and held that the essence or type of all was vascular excitement. Broussais contended that inflammation of the mucous membrane was at the bottom of nearly all diseases. Hahnemann believed that the type of all diseases was the itch, scrofula or lues venerea—and now comes up Dr. Dickson, and tells us that intermittent fever is the veritable type of all diseases; and that those who think otherwise are fools, knaves and ignoramuses. On page 28 he says—

"If we succeed in proving to you that toothache, asthma, epilepsy, gout, mania and apoplexy, all come on in fits; that all have febrile chills and heats; that *intermission*, or periods of immunity from suffering, more or less complete, are common to each, and that every one of these supposed different diseases may, moreover, be cured by any of the agents most generally successful in the treatment of intermittent fever, popularly termed ague; to what other conclusion can we possibly come, but that this ague is the type which pervades, and the bond which associates together, *every one of these variously-named diseases*? If, in the course of these lectures, we further prove that what are called 'inflammations' also come on in fits; that the subjects of them have equally their periods of immunity from pain, and that they yield with equal readiness to the same remedial means; who can be so unreasonable as to doubt or dispute that ague is the model or likeness—the type of all disease."

Here we must be permitted to use one of Dr. Dickson's common phrases, and ask who can be such a fool as to believe that all inflammations can be cured "with equal readiness" by the remedial means which cure ague? And, further, who can possibly be dupe enough to believe that toothache, epilepsy, gout, mania and apoplexy—that "every one of these supposed different diseases" may be cured by any one of the agents most generally successful in the treatment of intermittent fever, namely, bark, arsenic, &c.? He subsequently breaks out in this exalted or rather exulting strain.

"Who taught me that all diseases, however named, and by whatever caused, are intermittent in their character, and that, like the ague, all may be cured on the principle of prolonging the intermission by bark, arsenic, &c.?"

Such language is too clear to be mistaken ; " all diseases, however named," are intermittent fevers, and yield to bark, arsenic, &c. Any comment on such absurdity is unnecessary.

To establish the point that the type of all diseases is intermittent fever, he lays it down as a broad fact, that " all diseases " commenced with " aguish fits." Now every practitioner knows that very many diseases, even very extensive and severe inflammations, and sometimes general fevers, come on without any aguishness at all. This attempt of Dr. Dickson to make out all diseases to come on with agues or chills, is intended to establish the periodicity of every movement of the body, both normal and abnormal. The discovery of the periodicity of all morbid and healthy movements is that on which he mostly plumes himself, and tenaciously and exultingly claims his own. He extends his theory of the periodicity of movement not only to all vital, but to all physical actions also ; even to all stellar movements, and to earthquakes, tornadoes and hurricanes. The doctrine of unity of action he extends through all nature's works, up to the Deity himself. But he does not claim periodicity for the Supreme Being.

If by periodicity Dr. Dickson means simply exacerbations and remissions, without any reference to regularity of time, we shall not differ from him, for morbid and healthy movements vary every hour in the day, and every day of the disease, just as the winds blow high or blow low, or cease blowing ; and once in year or two, or oftener, or not so often, we have earthquakes, tornadoes, &c. Now we have no idea of calling the one or the other of these variations periodical. We have been taught otherwise, and we cannot boast of having yet unlearned it, as Dr. Dickson may have done. Walker, in his Dictionary, defines periodical, " circular, making a revolution, happening by revolution at *some stated* time, regular, performing some action at stated times"—and Brand, in his Encyclopædia, gives the same definition. According to these definitions, what becomes of Dr. Dickson's doctrine of periodicity of all diseases, cancer, gout, stone, curved spine, and all the phlegmasiæ ? Such theory is what we Yankees call a matter of moonshine—a pure creature of Dr. Dickson's heated imagination.

According to the views of Dr. Dickson, disease is a unit ; so also he contends is the *modus operandi* of all medicines. On p. 29 he says—

" So I then thought it time to explain to him, as I now do to you, that the principle upon which these substances can cure and cause disease is *one* and the *same*, namely, their power for good or for evil, as the case may be, of electrically altering the motive state of certain parts of the body, and of altering at the same time their thermal condition."

By thermal condition, he means, we presume, their temperature.

According to his theory all medicines operate through the brain and nerves electrically, and are capable of producing " good or evil." And he afterwards takes not a little pains to prove that arsenic can produce ague and fever, and that all medicines can and have produced every disease they are capable of curing. Opium will sometimes keep one awake, or vomit one ; antimony will sometimes not vomit, but will pro-



duce sleep. These strange incongruities he says were never explained till he unfolded the mystery, and he warns every F.R.S. not to steal his discovery, either wholly or by fragments, for, says he, "I exclusively claim the electrical doctrine of medicinal agency as mine." The great discovery he speaks so loudly of, is this—

"The atoms of the specific portion of the brain of any two individuals, thus oppositely influenced in either case, must be in opposite conditions of vital electricity, negative in one and positive in the other."

Now we call all this vaunted discovery of an explanation mere hypothesis, an opinion, without a shadow of proof. Admitting it to be true, the question arises at once, how are we to ascertain whether the brain of an individual be in a state of positive or negative electricity? And as he has asserted arsenic is capable of producing intermittent fever, and strychnia palsy, how are we to know whether their administration will produce "good or evil," that is, produce ague or palsy, kill or cure, according as the electrical state of the brain may be? To this our great discoverer has not yet discovered an answer. He admits that we cannot tell till we try, and so confesses his ignorance. Moreover, he confirms it by cautioning us to begin with "small doses at first," and "feel our way." He would more emphatically have expressed himself, had he said grope your way along in the darkness I have thrown around you." Such cautious directions, and feeling our way slowly along, come with a bad grace from one boasting of making "short work of disease."

In our own way of prescribing, we have the pulse, the tongue, and a variety of landmarks. But our new light Dr. Dickson strips us of all these, and throws a shroud of electrical darkness around our path, and then directs us to "feel our way" with small doses at first, till we find, by straws, which way the wind blows.

In his theory of the operation of medicines and morbid causes, for they are all one with him, the agency of the fluids is not even once named. What becomes of all our chemical changes in the fluids? Dr. Dickson has not thought these worth even a passing notice.

4th. *Treatment*.—Dr. Dickson divides his remedies into chrono-thermal and symptomatic. The first class of medicines includes all such as relate to time and temperature, as the words signify. They comprehend all the articles of the *materia medica*, and many that are not there, even as many as the God of nature has placed within our reach. His principal ones, however, are arsenic, quinine, strychnia, prussic acid, iodine, belladonna, copper, iron, silver, lead, &c. &c.

On page 107 he says—

"That attention to temperature is everything;" and on p. 220 he continues, "Well, gentlemen, the proper medical treatment of all diseases comes at last to attention to temperature, and to nothing more. What is the proper practice in intermittent fever? To apply warmth or administer cordials in the cold stage; in the hot to reduce the amount of temperature by cold affusion and fresh air; or for the same purpose to exhibit, according to circumstances, an emetic or purgative, or both combined, with quinine, arsenic, opium, &c. The interval of comparative health, the

period of medium temperature, may be prolonged to an indefinite period, and in that manner may health become established *in all* diseases."

The measures he condemns are bloodletting in all its forms, blisters, setons and issues. For bloodletting he substitutes emetics and cold applications. These are his coolers. He recommends them both in apoplexy and in all manner of inflammations, or at least he would have us believe so; but after all he has said, he knows better. He speaks of all important inflammations except one, and as he could not administer an emetic in that without killing him, or safely omit leeching or cupping, he passes it over in profound silence. It is gastritis. He speaks of "pneumonia and enteritis," coupling them together to the exclusion of gastritis, which clearly lies between them. Now why did he omit gastritis, never once naming it? Evidently because he knew the really safe treatment would be fatal to his new light system. He knew full well an emetic would be a fatal substitute for bloodletting either generally or topically. He who has prescribed for armies of sick must have had many cases of gastritis. His silence on the subject we must call downright dissimulation at least.

We shall now pass from Dr. Dickson's dissimulation to his dishonesty. He calls Dr. Johnson a knave. We shall prove him one, at any rate. On page 84 he says—

"The first resource of the surgeon is the lancet—the first thing he thinks of when called to an accident is how he can most quickly open the flood gates of the heart to pour out the stream of the already enfeebled existence. Does a man fall from his horse or a height, is he not instantly bled? has he been stunned by a blow, is not the lancet in requisition?"

Now he knew all this was actual and wanton falsehood when he penned it; for Sir Charles Bell condemned the practice and set surgeons right on this point 40 years ago, by showing the impropriety of venesection under such circumstances and the necessity of administering cordials. And his editor quotes the very words of Bell, and the true practice as inculcated by him has been taught and followed by all well-read physicians from that time to the present.

Again, on p. 199, he makes out that nobody ever tried emetics but himself in inflammation of the lungs. This he also knew was false; for he was well aware that they were used in this disease by the generality of good physicians.

We have now devoted more time to Dr. Dickson's book than we originally intended; and we can conscientiously say that in the treatment of disease we find nothing new except the banishment of bloodletting, &c., and the more free use of emetics. It is a fact that the lancet has been too freely used; but the error has been correcting some years, at least in this country, where Dr. Dickson's ideas were never heard of. His book contains many hints calculated to benefit the settled practitioner, but in the hands of the junior members of the profession it would be very apt to do great injury. It reminds us of a huge volume found

in the library of Thomas Jefferson, made up entirely of scraps filled exclusively with all manner of invective against himself, out of newspapers.

To conclude, let us now ask what was the motive that moved Dr. Dickson to publish this book? Was it to correct the errors of the profession? We answer, no; for on the title page we find it directed to the people—"The people's edition." It was written expressly for them, being "freed from all technicalities." Now what effect must this work have on the minds of the people? If it have any, it must be a very unhappy one for the profession. It cannot be a therapeutical knowledge adapted to the level of these people, for they could not, without imminent risk of life, meddle with his most common remedies, such as arsenic, prussic acid, &c. The only effect his book can have on them is to cause them to look on physicians as a class of ignorant, misguided murderers, and of consequence to view, in him, their champion, friend and protector—Dr. Dickson, the medical reformer; enabling him thereby to reap a rich reward of honor, fame and fortune from this class of the people.

We shall now say a few words in relation to the editorial matter, and then we shall take our leave of Dr. Dickson's book. On this head we shall be compelled to say that the editor has not attempted to enrich the work by anything more than the addition of a few cases from his private practice. We shall notice only one of these as a fair specimen of his views of chrono-thermology. It is inserted in the introduction, and is instanced as conclusive in establishing the chrono-thermal system. Here it is.

"A lady, in consequence of attending an evening lecture at the Tabernacle, was attacked with violent chills, followed by darting pains in the lungs, severe headache, a rapid pulse, hurried respiration, and all the symptoms of inflammation (so called) of the lungs. Added to this, owing to compunction in having gone out against the advice of a parent, she had a severe nervous or hysterical attack, with sobbing and crying."

Now from the peculiar construction of the phrase "inflammation (*so called*) of the lungs," we may fairly infer that the editor had his doubts as to its being a veritable inflammation of the lungs, and so have we ours, for we have never yet seen unequivocal settled inflammation of the lungs or of any other important organ, complicated with "hysterical sobbing and crying," and very much doubt whether such a complication can exist, but we know full well that hysteria may simulate almost any disease whatever. But let us glance at his chrono-thermal treatment by way of "enlightening the profession," as Dr. Dickson says—

"A sharp emetic relieved the severity of all the symptoms almost at once, and an opiate brought on rest and repose through the night. Peruvian bark and rest were the chief remedies the two following days." Of course she recovered.

Here we would ask, wherein did the treatment of this case differ in the least, from that of all well read practitioners of the day, in cases of violent hysteria? We have seen a most severe case of hysterical opisthotonos perfectly relieved in half an hour by an antimonial emetic. To compose the agitation of the body and mind, an opiate would suggest itself to any practitioner, especially after a sharp emetic had ensured its

happy effect; and again, what more common as a tonic in all cases of hysteria, than "Peruvian bark"?

On the other hand, suppose the case to be one of real inflammation of the lungs. It was in its early or rather forming stage, and what is a more common and proper prescription than an emetic to break up morbid concentrations, to reduce vascular excitement and to throw open the capillaries? Nothing; and again, what is more customary as a sudorific, than an opiate, with proper concomitants? By these means scores of similar cases have been cut short by every practitioner of much experience. As for the Peruvian bark, under this view of the case, it must have been administered chrono-thermologically, to prevent a recurrence of another paroxysm or fit of——disobedience.

His other cases are few and unimportant; and we regret to see so worthy a man enlisted in the cause of humbuggery or popular delusion so abundant in this our day.

J. F.

#### PUERPERAL CONVULSIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send the following case for insertion in the Journal, or to be disposed of otherwise, as you deem proper.

Respectfully yours,

Brighton, Dec., 1845.

ISAAC G. BRAMAN.

On the 23d of November I was called, in great haste, to see Mrs. —, aged 23, of a plethoric habit, bilio-sanguineous temperament, and at the close of utero-gestation. On my arrival, at 8, A. M., I found her in bed, lying upon her left side, in a comatose state, with stertorous breathing, foam issuing from the mouth, and a sputtering of the lips at each expiration. It appeared she had just had a convulsion.

The account given me by her husband was this. He was awakened at half-past 5 by his wife, who complained of some pain in the head. He proposed sending immediately for me, at which she demurred, thinking it would soon pass off. In a short time he fell asleep, and in one hour after, when he again awoke, she was quiet. He then left her for a few moments, and upon returning found her unconscious, exhibiting somewhat the same appearance as now. A convulsion again occurred, and was succeeded by others at intervals of ten or fifteen minutes.

The patient having resided but a short time in town, I had no previous knowledge of her condition or health, but was informed the latter had been uniformly good. During gestation her appetite was vigorous, and she indulged it freely. She had exercised but little, and costiveness was a source of much inconvenience. Consequently the bowels were loaded, and all this, without doubt, had no inconsiderable agency in bringing about the present state of affairs.

The indications in the case were quite clear. The bowels must be evacuated, blood abstracted, and general plethora removed. The first was accomplished by enemata, the patient's state being such as to render

the administration of much medicine by the mouth impossible. From these were procured copious dejections of bile and undigested food. A vein was opened in the arm, and a small quantity of blood obtained, when it ceased to flow. Convulsions, however, ceased for a time, and the patient became sufficiently calm and conscious to swallow a portion of ol. ricini and bals. copaib.

Some uterine action being present, I made an examination *per vaginam*, and found the fundus of the womb pressing low down, and the os uteri, tilted up high and far back, sufficiently dilated to admit the finger. I hoped now that labor would proceed, and the case have a favorable termination; but I was disappointed. After an hour or more of amendment, she had a convulsion of great severity. I immediately tied up the arm and abstracted more blood, proposing, at the same time, that Dr. W. Channing, of Boston, should be sent for in consultation. While the messenger was absent, she had severe convulsions, lying in the intervals totally unconscious, and breathing like a person in apoplexy. At 2, P. M., Dr. Channing arrived, and advised to further bleeding, which operation he accordingly did, taking away  $\frac{3}{4}$  xxiv. from a free orifice. Pains soon became more active, and at 3, P. M., the head was in the inferior strait. Convulsions, however, being frequent and severe, Dr. C. applied the forceps. The child breathed feebly, and efforts were made to rally it, but they were ineffectual, and it died in half an hour.

The patient remained insensible, but breathed more freely until half after 4, shortly after Dr. C. left, when another convulsion occurred, and from that time they were continued through the night at intervals of an hour and less. It seemed as though each succeeding one was more severe. At 12, I applied one dozen leeches to the head, and soon placed ten gr. sub. m. hyd. upon her tongue, and directed cold senna tea to be given when possible. She also had enema of assafœtida in mucilage of gum Arabic.

24th. 6, A. M.—Has had 33 convulsions, 21 of which were since confinement; is now much prostrated; unfavorable termination expected. Consulted Dr. Channing, who advised blisters to back of the neck and inside of the leg.

12, M.—Two convulsions since morning, which I did not see. Nurse thinks they were more severe than any previous. Is, however, more calm. Has been able to take the senna tea; bowels moved freely; blisters beginning to draw.

9, P. M.—Calm. Sleeps some. Skin moist, but is unconscious. Swallows some gruel.

25th. 7, A. M.—Is somewhat conscious. Appears at times to know her husband and the nurse; pulse falling; tongue and skin moist. 9, P. M.—Much the same.

12½.—Was called to see my patient. Found her considerably excited. Has not slept; is somewhat thirsty; pulse accelerated; bowels, however, are not tender; lochiæ present. R. Elixir opii gtt. xl. Take this now, and twenty drops each succeeding hour should it be necessary. Let her have a foetid enema.

26th. 7, A. M.—Has had no sleep; is still excited. Nurse says there has been some subsultus tendinum. Sees unpleasant objects upon the walls and curtains; thinks she shall die. Pulse 120, and firm; tongue moist; coat diminishing. R. Sub. m. hyd., gr. x. In three hours a portion of ol. ricini and bals. copaib. 3, P. M.—More calm; no subsultus; some thirst; pulse 120. Was seen by Dr. Channing, who suggested R. Nit. pot., ʒj.; syr. aurant, ʒ ss.; aquæ, ʒ vss.; tart. ant., gr. j. M. One tablespoonful each four hours.

9, P. M.—Some tenderness just above the pubis. Apply a mustard poultice. Continue medicine, and let her have an enema.

27th. 9, A. M.—Saw her with Dr. Channing. Has had free evacuations from the bowels; tenderness gone; lochia abundant; some milk in the breasts. 9, P. M.—Much the same.

28th.—More comfortable in all respects.

It is perhaps unnecessary to report this case further. Suffice it to say, that the improvement from this time was gradual but sure, and at the date of this communication she is in perfect health.

#### LATIN MEDICAL PRESCRIPTIONS.

[THIS is the way that Douglass Jerrold, the living wit, speaks of the medical profession. He makes himself merry over the practice of physicians, who persevere, against their own and the combined judgment of competent lookers on, in making prescriptions as unintelligible as possible. Some of the most distinguished practitioners of England are giving the praiseworthy example of having their prescriptions in plain English, which every apothecary's boy can understand. No mistakes are made like that of putting up arsenic for cream of tartar, when one's vernacular tongue is the guide. A few are attempting to revolutionize the language of prescriptions here, but without much vigorous effort. But to the extract from Jerrold.]

It is impossible to deny that there is some tough reading in the world. Egyptian hieroglyphics puzzle most people—Etruscan inscriptions cannot be read by those who run—and—to ascend from antiquity upwards—even the contemporary pot books and hangers wherewith John Chinaman labels his tea boxes, are by no means lucid in their signification. But neither sculptured stones from Egypt—nor vases from Etruscan tombs—nor tea boxes ornamented with the most mystic devices of China ink—are more obscure in the tale they would tell than the little slips of paper which the doctor tells us to carry to the apothecary, and, on the “shut our eyes and open our mouth” principle, swallow the mysterious substances, solid or fluid, represented by the equally mysterious writings in question.

But the medical profession is a learned profession, and its members use Latin because Latin is a learned language. We should like to hear a few “general, practitioners” indulging in a quiet chat on Sir James Graham's new Medical Bill, or on mesmerism and homœopathy, in the vernacular of the Cæsars. We should see how deep the learned profes-

sion was in the learned language. But who says that doctors write Latin? Their Latin is no more Latin than it is English; they have only half translated the tongue they employ; they have taken it out of English without putting it into any other language in particular. Our Sangrados, too, add insult to injury—they make us swallow their nasty stuffs, and call them by barbarous names to boot. They insist upon their Latin being as horrid as their drugs; not only is the draught nauseous to one species of taste, but the formula under which it is administered must be revolting to another.

But bad Latin is not our principal objection to our friends of the College of Surgeons and Physicians. Even if they could write Ciceronian prescriptions, which they can't, or, at all events, won't—we ask, what would be the *cui bono* of doing so. We are not Romans, but Englishmen. Write as you speak. You ask us to put out our tongues, and to let you feel our pulse, in plain English; you find the one too white, and the other too fast. Why don't you tell us the names of the drugs we must swallow, to restore the fine red of the one, and moderate the jog-trot of the other, in plain English, too?

Gentlemen, "Medicine-men," or "Mystery-men," as the Ojibbeways and their red brethren of the wilderness call you; there has been from time immemorial a considerable quantity of humbug in your profession, the still existing remnants of which we would fain see purged off. In times of yore, when people called you leeches and chirurgeons, you added a good many of the tricks of the juggler to your legitimate craft. You were then the prime professors of alchemy, of astrology; the principal conjurors and magicians of the olden time, ere the advent of Herr Dobler and the Wizard of the North; you masqueraded in flowing robes and long beards, and carried white wands like the stewards at a charity dinner; you used a mysterious jargon, both in your medical and your surgical practice; you applied one to aid you in carrying on the other; you had sympathetic powders, and charms and enchantment; you worked both by spell and pill; *hax, pax, max*, was an old medical charm against the effect of a mad-dog's bite; the not very dignified syllables of *och, och*, you held to be able to perform cures, to accomplish which sulphur ointment has obtained a more modern celebrity. Long ago, however, you gave up reading your patients' symptoms and chances in the stars, and you now look for the legitimate reward of your learned labors rather to guinea fees than to the mystic riches of the crucible. So far so good. You have in a measure kept pace with the world which is moving on around you; but still in some respects you are lagging; still you have a longing for that veil of mystery, which once hung, awe-inspiring, around you; still in your prescriptions live the embers of your former secret fires; still, in ordering a simple pill or a soothing draught, do you fondly hug the glory with which the *omne ignotum pro magnifico* invests you. Of the old mystic formulas you still have a fond recollection. Gentlemen, your faith in spells is not yet quite at an end. In ordering a dose of salts, your *sulph. mag.* corresponds to the ancient *och, och*. We never see a prescription setting forth the necessity of beginning next



day with a dram of castor oil, the neat and appropriate sentiment couched under the dim phraseology of *ol. ric. cras. mane*, without thinking with great tolerance of the days when *hax, pax, max*, and similar luminous and useful sentences, were in great vogue and vigor.

Drop, then, we beseech you, the last links which connect science with nonsense—the Doctor with the Diddler family; rhubarb will do as much good when ordered in English as in dog Latin; senna is not a bit more agreeable as *Sol. Sen.*; nor cream of tartar as *Bicar. Pot.* Apothecaries can understand “to be made into a draught,” just as well as *Fiat Haustus*; and even the most ignorant will not require more spelling over “the mixture to be taken at bed-time,” than they would to read and understand *Mist. hora somni*.

#### SUNLIGHT AND HEALTH

[CHAMBERS'S Edinburgh Journal abounds with admirable papers, occasionally on matters of essential importance to mankind would they heed the admonitions. Read this.]

Turning now to the animal economy, we find growth, health and development also curiously affected by the absence or presence of the solar influence. Dr. Edwards has shown that if tadpoles be nourished with proper food, and exposed to the constantly renewed action of the water (so that their tracheal respiration may be maintained), but are entirely deprived of light, their growth continues, but their metamorphosis into air-breathing animals is arrested, and they remain in the form of large tadpoles. He also observes that persons who live in caves or cellars, or in very dark and narrow streets, are apt to produce deformed children; and that men who work in mines are liable to disease and deformity beyond what the simple closeness of the atmosphere would be likely to produce. It has been stated, on the authority of A. Wylie, that the cases of disease, on the dark side of an extensive barrack at St. Petersburg, have been uniformly for many years in the proportion of three to one on the side exposed to strong light. Further, Dupuytren relates the case of a lady whose maladies had baffled the skill of several eminent practitioners. The lady resided in a dark room (on which the sun never shone) in one of the narrow streets of Paris. After a careful examination, Dupuytren was led to refer her complaints to the absence of light, and recommended her removal to a more exposed situation. This change was followed by the most beneficial results; all her complaints vanished. The more, therefore, that animals are exposed to the influence of light, the more free are they, in ordinary circumstances, from irregular action and deformity.

[A Richmond paper, in extracting and commenting on this, thus remarks.]

In another part of the article, it is shown that heat and light alone, without the solar radiation, will not suffice for the health of vegetables or of animals; else the artificial fires and lustres of our apartments would have that effect; but they do not. An indispensable agent is actinism.

Now, do not the foregoing facts prove the unhealthiness of changing night into day, as many of our fashionable and semi-fashionable, studious and pseudo-studious people do? The unhealthiness of wasting in bed the bright and bracing hours of early morning, when nature bids us be out of doors digging, or walking, or riding? Is not the balefulness of dark rooms made palpable? Draw aside those curtains—open those window-blinds, thou sluggard, and let Aurora and the sun, looking full into thy chamber, shame thee forth, if they cannot charm thee forth, to inhale strength and health in those best and most beauteous hours of the day.

#### POISONING BY URINE.

By G. F. Collier, M.D.

THE following curious and instructive case abounds with matter for reflection, and it is especially worthy the consideration of those chemical physicians of the present time who are enthusiastically sanguine in their expectation of discovering the “*fons et origo mali*,” and, by consequence, the curative or palliative indications, by reference to a patient’s secretions; and who confidently pronounce on the abnormal wear and tear of a man’s cerebrum, by noting the morbid excess of phosphorus (a cerebral element) in his urine.

The case becomes additionally interesting, and, as I think, valuable, by the circumstance of its having been tested by the lapse of eight years. I shall offer no theories, no conjectures. I think it speaks for itself.

December 13th, 1838.—Thomas P——, of Turnham-green, aged 34, a day-laborer working on the roads, presented himself for advice, having for some days been afflicted with a dropsy. His face is very much swollen; and the anasarca generally more prominent in the upper, than in the lower, parts of the body. He says, that until now he scarcely knows what it is to be ill; that at, and since, the fall of the leaf he has had a troublesome eruption to which he had been many years occasionally subject; as it lasted longer than usual, he was advised by an old woman to drink his own urine for nine days, taking early in the morning, on a fasting stomach, precisely the whole quantity voided on going to bed; says that he got through the nine doses, but thinks he began to swell before he had finished the course; he has fluid in the abdomen, and in the parietes of the chest and belly, swelling, however, greatest in the upper parts; the urine is scanty, thick, deep brown, and very offensive; he has a heaviness of the head, increased on stooping, and his own words are, that he feels too heavy for work, having neither his usual warmth nor life in him; he has little thirst; his pulse is under 90; his countenance pale, and its expression heavy and vague; he walks with a stick, because, he says, he feels the want of support; he has not been unusually exposed to cold or to wet, and is of temperate habits; the urine is not albuminous; he loses his breath if he walks quick, and is obliged to stop. Deeming this case to be due to the poisonous impression, or to

the ingestion of the urine by endosmosis into the circulation, I ordered a smart purgative of calomel and colocynth, and afterwards six pills of calomel, squill and digitalis, with heath-broom tea. The water was all dispersed, and the man back to his work within ten days; he required no repetition of the medicine; the urine did not pass as it was used to do before this illness, till the ninth day.

Nearly eight years have elapsed, and this man has never since been ill a single hour. He still works on the road at Turnham-green, and is known as a steady industrious laborer; he now lives in Fisher's-lane. I shall not pronounce whether this dropsy ought to be referred to the ingestion of the urine merely, or to the damage done to the innervation by its contact with the tissues. The late Dr. Fox, of Plymouth, has recorded a series of cases of anasarca, produced by part of the crew of a vessel hiding themselves from a press-gang, by allowing themselves to be buried in salt. The bite of a rattlesnake will produce dropsy; so will that of the viper; and so will bad unwholesome food. I have known a single debauch as the last link to produce the same effect.—*Lon. Lan.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 31, 1845.

*Spectral Vision.*—Last week's Journal contained one of the most curious papers on illusive vision, perhaps, on medical record. We enjoin it upon Dr. Abell to furnish further communications on the same subject, assuring him that in doing so, he will subserve the interests of science. The philosophy of vision is still in its infancy; and Dr. A. may do something towards furnishing materials for its advancement.

A gentleman of this city, known for his intelligence and enterprise, for years past has been entertained with a singular spectral visitor whenever he enters a certain gate in front of a relative's house on Washington St., bordering on Roxbury. He is met by a large, full-faced, florid-complexioned man, dressed in a broad-brimmed white hat. This occurs at all hours of the day. The spectre recedes from him as he advances, and near the front door is lost in air. He assures us that he takes pleasure in looking his intangible visitor full in the eye—examines the color and cut of his garments, and now regards him as an old, familiar acquaintance. The gentleman is not conscious of having defective vision. It is evident that a morbid action takes place in his brain, through its connection with the optic apparatus—and that the spectre is reproduced by local causes existing at the gate, which cannot yet be explained.

*A Treatise on Corns and Bunions.*—This is a useful publication on a matter that is of considerable consequence to all exceedingly fashionable communities. It is only where tight shoes, stiff boots, and an unrelaxing persistence in the modern vice of dressing the feet improperly, prevail,

that corns, bunions and difficulties of the nails occur. The feet of all inhabitants of cities are more or less distorted. The toes are pressed out of place, ride one upon another, and suffer immensely and wholly unnecessarily. All these maladies, which make some parts of life very miserable, commence, ordinarily, in childhood, through the thoughtlessness or pride of parents. A neatly fitting shoe is the admiration of most persons; yet, when the foot is expanding and enlarging in accordance with a law that influences all parts of the body, whenever the shoe is tight it becomes a source of irritation and should be thrown aside. While the feet have ample space for moving the toes with freedom, corns are rarely developed. Wherever the pressure is a source of disturbance to the skin over the phalangeal articulations, a rebellious inflammation ensues, and a corn rises up at the tender point, in the character of a never-sleeping sentinel, to guard the abused member from further annoyance. So long as the source of offence remains, the more acutely sensitive is the corn. If all pressure is taken off, no further molestation exists, till there is a re-application of the old disturber. All this is common knowledge, which requires no further explanation. With this treatise in hand, there is a possibility of mitigating the violence of pain, and it is quite possible to be tolerably comfortable, from one pairing time to another. It is idle to indulge the idea of eradicating the corns till all covering for the feet, harder or less elastic than doe skin, is forever abandoned. Dr. Lewis Durlacher, *surgeon chiropodist, by special appointment*, to the Queen, may cut and carve these vexatious excrescences to admiration—but we have no confidence whatever in any course short of going barefooted, all the science of this great toe-cutter to her Majesty to the contrary notwithstanding. Were it not one of the most respectable essays extant, on the subject, it is quite certain it would not have been republished by Messrs. Lea & Blanchard, of Philadelphia. The book contains thirteen chapters, in which are considered the cause and growth of corns; hard ones; callosities; soft corns; festered ones; neuro-vascular corns; vascular excrescences; bunions; diseased nails; warts, chilblains and general management of the feet. Messrs. Ticknor & Co. have copies on sale.

*The Progress of Medicine.*—On the 17th of October, Dr. E. Emmons, of the Albany Medical College, opened the lecture term by an introductory discourse. The students requested it for publication, which is an evidence of the estimation in which the professor is held. Dr. Emmons has a reputation for profound attainments in the sciences, which in Massachusetts, certainly, he has fully sustained. Geological researches seem not to have interfered with his progress in the various departments of medicine, if this lecture is a fair chart of his enterprise. Without advancing essentially any new doctrine, he plainly shows what has already been accomplished, what remains to be done, and the process by which a young physician may become both learned and useful. From the unpretending nature of the address, unless read with fixed attention, some of its finest points would not be discovered. As this is the commencement of a new effort by the chair of Obstetrics and Natural History, the Faculty may hereafter calculate upon his services in organizing for the season, with an expectation of brilliant success. Report speaks well of the Albany Medical College. The enterprise of the professors is proverbial, and consequently the elements of thrift are there.

*Surgeons for Merchant Vessels.*—Were the owners of regular lines of packets from the United States to Europe, and all distant ports in other parts of the world with which there is necessarily a constant and increasing commercial intercourse, to have a medical man permanently connected with each vessel, it would be hailed with eclat. One of the advantages in going from Boston to Liverpool in the English steamers, is the security of medical advice and personal attention, free of charge, when overtaken by sickness or accident. Return voyages, in sailing vessels, are always tediously long—and hence the necessity is more urgent for having a physician on board. Even vessels for India, from this country, never take one—which is a gross mistake in the owners.

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*Moral Integrity.*—*The New York Medical Intelligencer.*—Dr. Meiklem, editor of a new Journal called the New York Medical Intelligencer, having ascertained that the publication cannot be sustained, announces his desire, by a circular, that persons who have paid in advance should have their money refunded. This redounds greatly to Dr. Meiklem's reputation, and should be remembered by those who have it in their power to aid genius and patronize those who present such an example of honest and upright dealing. The Journal about to expire, was principally a reprint of interesting medical matter from foreign journals.

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*New Midwifery Instruments.*—Mr. Burnett, of this city, in Tremont Row, has had made several sets of Dr. Smiley's newly-devised forceps. The fulcrum is moveable, which is the important feature in them. Gentlemen having an interest in the subject of new instruments, especially those extensively employed in midwifery, should look into the principle of these, and if they are superior to those in use from immemorial time, let them have a fair trial.

It pains us to learn that the ingenious inventor, whose mechanical ingenuity in the construction of various instruments in modern surgery has so often been referred to, is in a very low state of health.

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*Medical Supplies for the U. S. Army.*—The expenditures for the medical and hospital department of the army during the last fiscal year have been, like those of the immediately preceding year, comparatively very small.

Everything in the way of remedial agents, and all the hospital stores, bedding, &c., both as to variety and extent of supply, essential to the comfort and convenience of the sick man, have been furnished to the sick and invalids of the army; yet the expenditures for medical and hospital supplies for the last fiscal year did not exceed \$13,690 59; which sum divided among the 8,639 men (the mean strength of the army during the same period), will give \$1,57 4-10 per man per year, or 4 3-10 mills per man per day, as the regular outlay for medical supplies *proper* to the sick of the army.—*Dr. Lawson's Report.*

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*Fossil Giant Skeleton in Tennessee.*—Paragraphs have been circulated extensively in the newspapers, declaring as a fact that the fossil skeleton

of a human being, between seventeen and eighteen feet high, had been discovered near Franklin, Williamson Co., Tenn., in a cleft of the rocks. We have taken special pains to ascertain all that is worth knowing on the subject, and now present the result of our inquiries. It has been said that the physicians of Nashville had examined the bones, and declared, unhesitatingly, that they were the remains of a colossal human being. It was rating the anatomical knowledge of the profession in that city, very low, indeed, to append such an atrocious misrepresentation to the story, when, in reality, they were the very men who have given a different and true version of the matter. An eminent citizen of Nashville, whose scientific attainments give us perfect confidence in his ability to decide any problem in comparative anatomy, writes to us thus:—

"I have had an opportunity of seeing them (the bones) reared up perpendicularly, capped with a huge *wooden head*, and having a *wooden pelvis* and *wooden ribs*—and defects of the extremities supplied with wood, to suit the fancy of those who suppose they must be human bones. The way the figure stands up, seventeen or eighteen feet high, resembling the human skeleton, is well calculated to excite the wonder and admiration of the vulgar. But, sir, you may be assured they are not human bones, nor do they more resemble them than those of many other quadrupeds with which you are familiar. They are certainly of enormous size, and present some peculiarities which will no doubt prove interesting to naturalists."

Our impression is, that these fossil bones are those of some formidable reptile. However, the very moment they are ready for exhibition, there are men of skill in palæontology, to decide not only what fossil animal they belonged to, but the geological epoch when it existed. There is a disposition manifested of late, by pseudo-naturalists, to impose upon the world with fossil remains, by giving them arrangements and positions which they never had in nature. Those who have seen the *Missourium*, and more recently, the far-famed *Hydrarchos*, which five weeks ago was rearing its lofty head over the top of the cornice in the Horticultural Hall, in this city, while its imaginary tail, like a piece of country stone fence, stretched off one hundred and fourteen feet in the distance, will appreciate the value of these remarks.

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*Paralysis of the Portia Dura, produced by Tobacco Smoking.*—Mr. Smith, of Sheffield, records two cases in the Provincial Journal, of this affection. He attributes the paralysis to the sedative action of the tobacco smoke, and remarks that:—

"He is not aware of any case of paralysis of the portia dura on record having been attributed to the use of tobacco; nor, indeed, does he remember seeing an account of any case of paralysis, which has been imputed to this cause. Still he thinks a result of this kind, is quite in keeping with what we know of the physiological properties of the oil of tobacco, and is an effect which, *a priori*, reasoning upon them would lead us to expect. It is reasonable to suppose, that the practice of volatilizing so powerful a sedative poison, and applying its vapor to the lining membrane of the air passages, should produce derangement of the nervous system, varying in intensity according to its greater or less dilution with atmospheric air; and that, therefore, on the nervous fibrils proceeding from the mucous membrane of the mouth, a situation where the vapor must be com-

paratively concentrated, the effect should be most considerable. The sedative operation of tobacco has also been found by experiment to be exerted chiefly on the motor system; and it is quite in accordance with our knowledge of the nature of reflex action, that an impression of any sort, although immediately acting, as in this case, upon a sensory nerve, should be conveyed through its medium to the corresponding motor nerve."

*Etiology of Diseases of the Heart.*—"Dr. Flögel thinks that among the determining causes of cardiac diseases, immoderate, long continued, or even only momentary bodily efforts, especially of the muscles of respiration, of such kinds as interfere with the free performance of respiration, have not received the attention which their importance deserves. He gives five cases in which the patients referred their cardiac symptoms to muscular efforts, and insists on the importance of these facts in reference to prophylaxis."—*British and For. Med. Review.*

*Medical Miscellany.*—Dr. Cornell's specimen No. of the Monthly Miscellany and Journal of Health, is accompanied by a beautifully-executed view of Boston Common.—A medical student, from Vermont, has been arrested in New York, because he had two anatomical subjects.—One Maxwell, in England, has run 11 miles in 17 seconds less than an hour.—Smallpox was represented last week, by the physicians, to be more prevalent than ever in the outer districts of Philadelphia.—An aged woman, in Dr. Fuller's practice, having dipped a needle in virus, to vaccinate a child, thrust it into her own mouth, while preparing the patient, and pricking her tongue, had a finely developed pustule on its very extremity.—A man died the other day, in New Jersey, in consequence of the bite of a hog, in the hand.—A Dr. Waterman, of Buffalo, has been tried and convicted of robbing a grave, and sentenced to the State Prison for three years—which is absolutely barbarous.—A colored man died in Maryland, lately, at the age of 112. At Bladen Co., N. C., Wm. Prigden, 123 years old.—In Philadelphia, week before last, 24 deaths occurred by smallpox; and last week, in Baltimore, 17 died of the same disease.—It is said in the New York Observer, that when wounds are made in the feet or other places by rusty nails, which always threaten lockjaw, if a piece of copper or a common cent is placed in contact with the incision and bound on, speedy relief follows.—A Mrs. Ward recently died in Kentucky, at the age of 110.

TO CORRESPONDENTS.—Dr. Tabor on Tobacco, and Dr. Stone on Diseases of the West, have been received. Several papers, before acknowledged, still remain unpublished. We cannot always insert communications in the order in which they are received. Sometimes the length of an article, and sometimes its subject, prevents this—as it is desirable to avoid too many long articles in the same No., as well as a want of variety in the subjects of shorter ones.

MARRIED.—Dr. S. F. Gladwin, of Lowell, Mass., to Miss M. E. Wilkins.—At Greenville, Penn., Dr. Frank Comton to Miss E. H. Hastings, of Mass.

Number of deaths in Boston, for the week ending Dec. 27, 51.—Males 28, females 23. Stillborn, 4. Of consumption, 12—erysipelas, 2—old age, 1—debility, 1—dropsy of the brain, 6—inflammation of the throat, 1—typhus fever, 2—infantile, 5—intemperance, 2—accidental, 7—croup, 3—inflammation of the bowels, 1—dropsy, 1—hooping cough, 1—lung fever, 2—disease of the heart, 1—throat distemper, 1—smallpox, 2—disease of the liver, 1—convulsions, 1.

Under 5 years, 19—between 5 and 20 years, 5—between 20 and 60 years, 23—over 60 years, 4.



*Register of the Weather at Middlebury, Vt.*—Dr. J. A. Allen, of Middlebury, Vt., observes, in a private note, that he has taken much interest in the meteorological register kept at the State Hospital, Worcester, Mass., by Dr. Woodward—and moreover it has gratified him to find such a striking similarity in the registers kept at Worcester and Middlebury. The two places are at about the same elevation—the barometer varying not more than three or four hundredths. The thermometer shows a greater disparity. When the wind is northwest at Worcester, it is north at Middlebury. This is probably owing to the Green Mountain ridge turning the current up the Champlain valley. It might be supposed that Dr. Allen's extensive professional engagements would prevent him from keeping a regular and systematic register. His time, however, is so methodically laid out, that he is generally at home at sunrise and at 9 o'clock, P. M. The following is a table for the month of November.

<i>Lat. 43° 49' 51". Long. 3° 57' East. Elevation 500 ft.</i>						
1845.	Barometer		Thermometer.		Wind.	
Nov. 1.	From 29.05 to 29.27		From 54 to 62		S.	
2.	29.05	29.20	43	57	N W.	
3.	29.00	29.05	56	62	S.E.	
4.	29.02	29.06	54	58	S.W.	
5.	29.00	29.19	49	50	S.E.	
6.	29.23	29.30	40	58	S.E.	
7.	29.26	29.30	42	56	N.W.	
8.	29.25	29.27	49	44	S.E.	
9.	28.83	29.97	38	41	N.W.	
10.	28.75	29.16	32	44	N.W.	
11.	29.25	29.40	34	44	N.	
12.	29.45	29.55	28	38	N.E.	
13.	29.30	29.54	34	44	S.E.	
14.	29.11	29.20	42	52	S.E.	
15.	29.38	29.49	32	41	N.W.	
16.	29.14	29.26	34	48	S.E.	
17.	29.38	29.45	33	44	S.E.	
18.	29.30	29.44	48	53	S.E.	
19.	29.15	29.28	44	59	S.W.	
20.	28.98	29.17	43	59	S.E.	
21.	28.95	29.16	34	40	N.W.	
22.	29.30	29.42	34	48	W.	
23.	29.04	29.16	34	44	S.W.	
24.	29.55	29.71	20	38	N.W.	
25.	29.73	29.79	24	34	S.	
26.	29.56	29.80	34	44	S.E.	
27.	28.93	29.30	32	42	N.E.	
28.	29.39	29.72	15	34	N.W.	
29.	29.94	30.04	11	29	N.W.	
30.	29.78	29.96	25	28	S.E.	

The eleven first days of November were cloudy, and of these, six were stormy. Of the remaining nineteen days, two, the 27th and 30th, were rainy. The others were remarkably pleasant and delightful. Much rain has fallen, and the swamps and springs are well filled with water. The barometer has ranged from 28.75 to 30.04. The thermometer has ranged from 11 to 62. Observations have been made four times a-day, viz., at sunrise, at noon, at sunset and at 9 o'clock in the evening.

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PUERPERAL CONVULSIONS, WITH THE DETAILS OF AN INTERESTING CASE FROM OVER-DISTENSION OF THE UTERUS.

By Stephen W. Williams, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are few cases, in the practice of our profession, which cause more anxiety and alarm to the physician and the attendants, and none that are attended with more real danger, than puerperal convulsions. They frequently attack patients apparently in the bloom of health, for pregnancy cannot be called a disease, with high and ardent hopes and expectations of connubial love resulting from the birth of the fondly expected offspring; and in an unsuspected moment their hopes are blasted, and frequently the mother or child, or both, are consigned to inevitable death by an attack of this Protean complaint. All writers on obstetrics agree that this is a most formidable and alarming complaint, and whoever has seen a case of it can never forget it.

CASE.—On the 2d of July, 1845, I was called, with Dr. Hovey, of Greenfield, to Mrs. F., aged 17 years and 6 months, who was then in the seventh or eighth month of gestation. She was short of stature, but *very* large in circumference. Probably she had not attained her full growth. She was attacked with labor pains about a week before, and summoned her physician, but her pains soon subsided, and he left her. On the 1st of July she was again attacked with labor pains, and excruciating pain in her head. Dr. Hovey was again called in the night; her labor pain, however, again soon subsided in a great measure, but about 6 o'clock in the morning she was attacked with a severe fit of puerperal convulsions, which lasted several minutes. Dr. Hovey immediately bled her, and examined the uterus and found it not at all dilated. He immediately sent for me, and I arrived at about half past seven in the morning. In the mean time she had another fit. I examined her and found the uterus not in the least dilated, and as she was rather restless I advised a full dose of morphine, as she had been pretty freely bled, hoping thereby that such a state of quietude might be induced that she would be able to go on to the full period of utero-gestation. Twenty-five drops of a saturated solution of sulphate of morphine was given, which soon brought on a calm sleep. Dr. Hovey now requested me to take the sole charge of the patient, as he stated that neither his health nor his business would

allow him to attend upon her. With the consent of the family I took that charge, and Dr. Hovey left her. As she lay in a quiet sleep, I left her with the intention of being absent about two or three hours to visit some other patients. I had not rode more than a mile before I was overtaken by a messenger in great haste, stating that she was again in a fit. On my return I found she had just come out of it. I again bled her freely, and ordered warm enemias, as she had not been able to swallow since the last fit, and directed cold applications to her head. I examined the os uteri again, and again found it undilated in the least possible degree. As I observed above, she was very large, and the uterus, as felt through the abdominal muscles, was as hard as a board. No scirrhus tumor ever felt harder. Her fits continued at intervals of from an hour to an hour and a half, during the day and night, and all I could depend upon was the use of enemias and fomentations. Dr. A. F. Stone, of Greenfield, was now called in consultation, and he and I remained with her several hours, when he left her, and expressed an opinion that she would not live more than half an hour. I thought she could not live much longer, but as I was some distance from home, and as it was now nearly midnight, I concluded to tarry all night. The fits still continuing, and the pulse flagging, with every indication of immediate death, I left her in the morning, never expecting to see her again among the living. In the afternoon of the 3d, not doubting she was dead, I called to inquire about the manner of her death, and to make some arrangement for a *post-mortem* examination, as the case appeared to me a remarkable one. To my great surprise I found her still alive, and there was but little alteration in her symptoms. She had had several more fits; her pulse was nearly extinct, and she had the mucous or dead rattle in the throat. My business called me about a mile beyond my patient, and I was absent about an hour and a half. On my return I called in, and before leaving I thought I would once more examine the os uteri. I found it *very little dilated*, but not sufficient for me to introduce the point of my forefinger. The uterus was now so full that it pressed the diaphragm, lungs and heart almost into the throat, and I was of the opinion that it might be by the pressure of the blood into the head from this cause, that the fits were induced. Had I a trochar with me, I should almost have been induced to introduce it into the uterus through the parietes of the abdomen, and let off the water. The uterus was as full as I have ever seen a distended bladder. I again sat down to the examination of the uterus, with the determination, if possible, to work upon the os uteri with the point of my forefinger, till I could effect an entrance. Fortunately, by frequently turning my finger, I succeeded, and found a more tensely-distended membrane than I ever before felt. After great and persevering effort, for the space of half an hour, I succeeded in rupturing it, and a greater quantity of water I never knew come from a pregnant woman before. Of course I could not measure it, but it ran through a feather bed and a straw bed, with their coverings, in puddles on the floor. The os uteri was like the mouth of a bag when very full and tightly tied. It now became flabby, and it was soon sufficiently dilated,

although without labor pain, to enable me to search for and find one of the feet, which I drew down, and very soon I drew down the other, and not long after the body and head of the child, which had probably been dead several days, as the cuticle readily peeled off. I should think, from the size of the fœtus, that the woman was at about the seventh month of gestation. I removed the placenta without any difficulty. The patient was in a state of perfect and entire insensibility. Soon after the evacuation of the waters, her breathing became freer, and her pulse, which was before quick, thread-like, and almost obliterated, rose and became less frequent. She had thirty-six fits before delivery, and for thirty-six hours previously she had not swallowed as much as a drop of anything. Soon after this she was able to swallow a little at a time, and before eight hours had elapsed after delivery, she had drank more than two teacupful of milk-porridge. She was delivered at 10 o'clock, Wednesday night, and she never remembered anything till the Saturday morning afterwards. Indeed her recollection was entirely gone, concerning any transaction for the preceding three weeks. She had no more convulsions after delivery. I attended upon her till she was out of danger. In a little more than a fortnight after her confinement, I called upon her, and she had left her chamber, and was sitting in her room below, very comfortable.

This case appears to me to be a singular one. I have never seen a case before where over-distension of the uterus, from accumulation of water within it, has induced puerperal convulsions, nor do I recollect to have read of a similar case. What can be done in a case of this kind, where there is no dilatation of the os uteri, and where labor pains, as in this case, were suspended? Mons. Miguel, in his "*Traité des Convulsions chez les Femmes enceintes, en travail et en couche*," says, "there are cases, and particularly during the continuance of convulsions, when the orifice of the uterus resists equally the exit of the fœtus or the introduction of the hand. It would seem that then the uterine fibre itself is in a state of spasm or tonic convulsion, which confines it and shuts its orifice. It resists the finger which attempts its dilatation, and it would be ruptured sooner than be dilated. This constriction of the orifice has for some time attracted the attention of practitioners, and an operation has been proposed to remedy it." In a note on this subject in Anderson's *Quarterly Journal*, 1824, the writer says, "an incision has been made through the edge of the orifice, and it has succeeded, when the usual remedies have failed." I am somewhat surprised at the assertion, for I have examined almost every obstetric work in the English language, and every article on the subject of puerperal convulsions in the medical periodical journals, and can find no account of such an operation having been performed for such a purpose.

In the present case not even the severity of the fits induced labor pains, which was very different from anything of the kind I have ever seen before. Generally, labor proceeds regularly in such cases, though there are some instances to the contrary recorded, and among the rest a very interesting one is published in the 33d Vol. No. 12 of the *Boston Medical and Surgical Journal*, by U. Potter, M.D., of Hallsville, N. Y. In

that case, however, dilatation commenced in about fifteen hours after the attack, and went on rapidly and regularly till the child was born. In all the cases which were delivered artificially or naturally, recorded by Dewees, dilatation commenced after the use of means, without resort to artificial dilatation, and went on regularly till delivery was accomplished, either by instruments or otherwise. Not so in my case. Instruments are often resorted to in case of puerperal convulsions, because it is necessary to induce speedy delivery, as the fits generally continue till the child is expelled from the uterus. Formerly there were some discrepancies of opinion among obstetricians, upon the propriety of speedy delivery in cases of puerperal convulsions, but they are now generally agreed upon the propriety of such a resort.

How could labor pains be induced in such a case as I have described, where neither ergot, nor any other echolic, could be swallowed for the space of thirty-six hours? I could not dilate the mouth of the womb a moment before I did it. The uterus was as hard as a stone, and no fluctuation could be perceived upon percussion, or even from her being turned over in bed, so very tense had the distension of the membranes containing the water, rendered that organ. Even had it been known that water had caused this distension, which auscultation or exploration did not manifest, could we have been justified in the use of the trochar, as for dropsy, or in making an incision into the mouth of the uterus? Have we many recorded cases where the patient has lain nearly or quite thirty-six hours, almost in articulo mortis, with pretty constantly recurring fits, to the number of thirty-six, and then recovered?

So far as I can judge, puerperal convulsions are not of frequent occurrence. Collins, in his practical observations upon the sixteen thousand six hundred and fifty-four births recorded in his work, observes that "our average is not more than one case of convulsions in every *five hundred and forty-seven deliveries*." This probably will hold good with other practitioners, though such cases may be more frequent in our large cities than in the country. I have never made an exact enumeration of the births which have occurred in my practice during the last thirty years. Four cases of puerperal convulsions have occurred in it, two of which have proved fatal.

In the notes to my first case of convulsions, I inquire, in what respects do puerperal convulsions differ from epilepsy? Many obstetricians compare them to apoplexy, and very many to epilepsy. Nearly all to one or the other. Their attacks and symptoms are similar to epilepsy. The exciting causes are different, but may we not as readily suppose that irritations of the uterus may induce epileptic convulsions, as that irritations of the stomach may? Every physician knows that epilepsy is as often induced from affections of the stomach, as from organic affections of the brain. Are they not more so in children? In these cases it is remediable; whereas in the latter, they are beyond the reach of art. Why may not the sensorium be as much affected by irritation of the uterus as by irritation of the stomach? Spasm is as often induced by labor in travail, as by vomiting. It may be said that the fits in puerperal convul-

sions do not recur again except during travail. Neither do epileptic fits recur when they proceed from the stomach, except when there are crude indigestible substances in the *primæ viæ*, which act as powerful irritants upon that organ, or when the stomach is foul. The symptoms in both cases being precisely similar, can there be any impropriety in classing both diseases under the same name? Remove the exciting cause and restore tone to the system. Why then burthen nosology with useless distinctions?

Dr. Collins says, "there are few cases requiring more prompt and decided practice than puerperal convulsions; and the extent of the experience of most individuals is not sufficient to enable them to draw satisfactory conclusions from what they have themselves seen; therefore every contribution is beneficial." Partly on this ground I present the above case, independent of the importance of it and the novelty of its cause. I could extend my remarks upon the subject of puerperal convulsions indefinitely, as it is a most fruitful and profitable theme for investigation. My greatest effort, in what I have already written, has been rather to curtail than enlarge my observations.

The present season with me has been one in which an unusual number of difficult cases in obstetrics have presented themselves. Within the last ten days I have been called to no less than three cases of abortion within a circuit of three miles.

*Deerfield, Mass., Dec. 10th, 1845.*

#### ON HOMŒOPATHY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—For a long time I have been astonished that your correspondents remained so silent on the subject of homœopathy. I suppose they have been examining the theory, either to embrace it, or to let it pass as one of the fantasies of that country which has given birth to most of those hypothetical systems that have engaged the attention of visionary men for the last fifty years. The time has come when every physician should be prepared to explain on what principle an inebriated man is made sober by taking more brandy, and upon what basis stands the assumption of Hahnemann, that *all* chronic diseases have their origin in *sycosis*, *syphilis* and *psora*; and that seven-eighths of the diseases which afflict mankind are caused by the *itch*. I say we should all be prepared to defend these assumptions if we believe them valid, and able to refute them if we know them to be erroneous. But it is to no purpose that we attempt to reason with unprofessional men, persons who are as ignorant in physic as we are in law and theology; they may be men of talents and letters, yet they not unfrequently become drunken on the phantoms of hypothesis, which have enticed thousands from the path of *common sense*, and rendered them the dupes of ingenious theorists. Let men be ever so learned, they are liable to be imposed upon by those who are extremely ignorant themselves.



“The baleful charms  
Of superstition there infect the skies,”

and show that it is not the uneducated alone who are cheated into error. Hahnemann says, “by shaking a drop of medicinal liquid with one hundred drops of alcohol *once*, that is to say, by taking the phial in the hand which contains the whole, and imparting to it a rapid motion by a single stroke of the arm descending, I shall obtain an exact mixture of them; but two or three or ten such movements would develop the medicinal virtues still further, making them more potent, and their action on the nerves much more penetrating. In the extenuation of powders, when it is requisite to mix one grain of medicinal substance in one hundred grains of sugar of milk, it ought to be rubbed down with force during one hour *only*, in order that the power of the medicine may not be carried to too great an extent; medicinal substances acquiring at each division or dilution a new degree of power, as the rubbing or shaking they undergo develops that inherent virtue in medicines which was unknown until my time, and which is so energetic that latterly I have been forced by experience to reduce the number of shakes to two.”

The above is only one specimen of Hahnemannism; if other examples should be cited, they would be of the same ridiculous character; which plainly shows that proselytes to this sect are not gained by homœopathic books; for how evident it is, that nothing would so certainly prevent a man becoming a homœopathist, as the reading of Hahnemann's own works. The converts to this doctrine have all heard of wonderful cures, of the miraculous effects of small pills; these tales have prepared them, with open throats, to swallow even the chimerical Organon, making true, that—

“There is a pleasure sure, in being mad,  
Which none but mad men know.”

We should expect homœopathy would flourish during the age of Mormonism, Millerism and Mesmerism; indeed, this appears to be a very favorable crisis for it to vegetate. But the time is rapidly approaching when, like the others, it will harmlessly pass away, to be inhumed in the same sepulchre, that is already gaping to engulf its stricken skeleton, “amidst inglorious shades and purling streams.”

Some esteem this thing, because it has made its way into the channels of wealth and influence; not being aware that the rich are nothing better for their purses, as judges of intricate questions of medical science. These people are not informed that from the earliest dawn of medical literature to the present time, heresies have constantly sprung up, and would at times almost eclipse the true light; but truth has triumphed notwithstanding. These factions will continue in some form or other, yet our science is destined to shed its glory throughout the world. No class of men can change the laws that govern the universe; however much the local affairs of men may differ, they are all subject to the same physical *laws*, and only He who instituted them has any jurisdiction over them. “He changeth not.”

After all, there will some good grow out of this doctrine, probably to



the disadvantage of Dr. Brandreth and a host of other pill-makers ; perhaps the butcher and the wine-merchant will complain, but most likely they will all have a tolerable business for many years to come.

" Balnea, vina Venus, corrumpant corpora nostra :  
At faciunt vitum balnea, vina, Venus " !

I will now give some reasons for disapproving of this system taught by Hahnemann. First, I do not believe that a small dose, of any medicinal substance, will have a more speedy effect upon a patient than a large quantity of the same drug ; for the power of a medicine is always in proportion to the amount used, so that the smaller the dose, the more tardy and feeble the symptoms induced thereby, whether the principle of its administration is allopathic or homœopathic. For example, two grains of opium will subdue the most violent pain in a short time, and appease the most violent dysentery in a few hours ; yet a smaller dose will not induce opposite effects, as it would do according to the doctrine that is founded on *similia similibus curantur*. Will a single grain of an alkali neutralize more acid than an ounce of the same alkaline material, under the same circumstances ? Does minuteness give potency to it, or does this power depend upon the *number of shakes* used during the operation ?

I have examined arsenic in the form in which it is usually given by the homœopathists, and was not able to detect any portion of the drug, though fifty globules were acted upon ; constituting twenty-five doses of it as given by them as a therapeutic agent ! Forty globules of iodine submitted to the starch test did not change the color of water ; yet three drops of tinc. iodin. treated in the same manner rendered the water deep blue ; much more water was added, still the water was colored, and, as might be expected, continued so as long as any portion of the starch was retained in the solution. Now three drops of this tincture will scarcely have any effect upon the adult subject. Yet a homœopathist will cure a frightful case of croup with two of the above-mentioned globules of *spongia usta* (as they style iodine) ! Peradventure, if these globules had been rubbed for more than *an hour*, and with more *force*, they would have revealed their iodine during the test ; probably this would have translated them into such venomous doses, that they would be unfit for anything but *rats' poison*, and could not be given to human beings with any degree of safety !

I do not object to small doses of medicine, but I oppose those inert representations of remedies which make "physic the art of amusing the patient while nature cures the disease." As physicians, it is our duty to assist nature, and allow nature to assist us ; but we must not trust to her too far, nor with every case, for often she becomes weary, and has no powers within herself ; she, too, must have succor when her own resources are becoming exhausted.

My second objection to Hahnemannism is, it is a speculation based on hypotheses, and could not have outlived its inventor, had not practitioners resorted to something besides infinitesimal doses whenever they chose to (or I might say, when they were obliged to take this course) ; for it is well known that they avail themselves of stronger powers in the hour of dan-

ger, when *regimen* and *imagination* are not sufficient to set free the patient from the menacing jaws of death. Will any man who has been called to treat apoplexy, strangulated hernia, phrenitis, colic, hemorrhages, &c.,—will any man who has had experience in such disorders, deny the efficacy of the lancet, of emetics, cathartics, and counter-irritation?—remedies so much ridiculed by this new sect of doctors. Their “knowing ones” are compelled to steal the use of them, *and in this way their system has attained its present popularity and importance.* Homœopathy is but another name for quackery. Others than doctors practise it. By purchasing a “*box and a book*,” an uneducated farmer is at once, as if by magic, transformed into a doctor of physic; and some of the most wonderful cures that homœopathy has made, have been wrought by these pulvil doctors of the latter description. We ought to discountenance it, though sure that it will eventually “come to nought.” Yet we will not debase

“The nature of our seats, and make the rabble  
Call our cares, fears; which will in time break ope  
The lock o’ the Senate, and bring in the crows  
To peck the eagles.”

Thirdly, a critical observer and learned writer says, “To support this doctrine, Hahnemann should have proved, 1st, that medicinal powers do produce an artificial malady similar to the natural affection; 2d, that the organism only remains under the influence of medicinal disease; 3d, that this medicinal disease is of short duration; and 4th, that all these effects can only be induced by a medicine selected according to the similarity of symptoms. Our theorist has utterly failed to establish these facts; therefore have his doctrines been impugned by many of his most zealous disciples, &c.”

Many diseases present symptoms so varied that no medicine can be found in the *materia medica* capable of inducing similar phenomena; hence, there are many disorders not curable by homœopathic remedies, for it would be fatal to their doctrine to combine two or more medicines, as they pretend, by so doing, each kind would act against the others, and thus destroy the enchantment. There are maladies presenting symptoms *not complicated*, yet of such nature that no drug can be found which will cause like phenomena; consequently Hahnemannism affords no remedy for them. As examples of this, I will mention uterine hemorrhage, incarcerated hernia, biliary calculi, &c. &c.

I could continue my objections to this theory until I exposed every position that Hahnemann has assumed; but I have not time to pursue it further, and shall conclude this paper by a few remarks on the nature and use of *aconitum napellus*.

*Aconite* is an acrid diaphoretic, possessing sedative and counter-stimulant powers. In repeated doses of one or two grains, it induces copious diaphoresis, and renders the action of the heart less vehement, and in such doses, may be employed either alone, or in conjunction with other remedies, such as venesection, cathartics, &c. I have not given it these properties; they are ascribed to it by Professors Vogt, Lobernheim,

Dierbach and others. I could give cases where these effects have been witnessed from this plant in allopathic portions, and I cannot understand how the same are produced from homœopathic doses. In quantities so extremely varied no medicine will be found operating with equal uniformity, for the symptoms will be increased or diminished in proportion to the amount given. If one man can cure a violent fever with the twenty millionth part of a grain of aconite, how can another do the same thing by making use of a whole grain? I have employed aconite as a diaphoretic with much advantage in febrile disorders, in large doses; hence I conclude that the homœopathist either gives allopathic portions, or lets the fever cure itself; *for such similar results cannot be obtained from such dissimilar treatment.*

J. P. LEONARD.

*Lime Rock, R. I., October, 1845.*

#### DR. BEDFORD'S INTRODUCTORY LECTURE.

[Communicated for the Boston Medical and Surgical Journal.]

THIS lecture was delivered Nov. 1, 1845, by Gunning S. Bedford, A.M., M.D., Professor of Midwifery and the Diseases of Women and Children in the University of New York.

There are none among the fugitive publications of our profession which interest physicians and students more, than the Introductory Lectures at the annual opening of the courses of medical teaching in our colleges and universities. And though the number and variety of these, are of late greatly increasing, yet this need not be regretted, since greater attention to this department of our literature is thus imposed upon their authors, in view of the liability of being called upon by grateful students to commit these lectures to the press.

Professor Bedford is among those to whom this tribute is annually paid by his class, and the present production is every way worthy of the compliment. The style is, as it ought to be, colloquial and didactic; its subject the lofty claims of his department intrinsically, and by comparison with the other chairs in the University; and the object aimed at, that of prompting his pupils to a laudable ambition to excel in qualifying themselves for the highly responsible duties, for which they are preparing during their college course. The ardor and enthusiasm which have characterized Dr. Bedford, ever since he entered upon the work of teaching his favorite branch of the profession, have not diminished by the lapse of years, and he discourses fluently and eloquently as ever, in behalf of the New York University, the prosperity of which is indeed a source of just pride to himself and his colleagues.

But this lecture is remarkable for its practical character, and there is one feature of it, which entitles it to special commendation. It is the merited rebuke which he administers to the ignorance and criminal temerity of those in the profession, who needlessly multiply "instrumental labors," and especially to such as undertake the performance of opera-

tions involving human life, while unacquainted with the circumstances which can alone justify them, thus degrading the obstetric art, for lack of knowledge in that science upon which the art depends. He illustrates the justice of his censures on the 11th page of his lecture in the following vigorous language, and the narration of an appalling example occurring under his own observation.

“ Allow me, in the most solemn and emphatic manner, to caution you against an error which unfortunately for suffering humanity and the honor of our profession, has too generally prevailed. I allude to the indiscriminate and unpardonable use of instruments in the practice of midwifery. If the grave could speak, how fearful would be its revelations on this topic, how monstrous the guilt of those who revel in innocent blood! Not more than six weeks since, I was visited by a medical gentleman, who had been in practice but a short period; in the course of conversation, the subject of operative midwifery was introduced; and he observed to me that he had enjoyed the best opportunities of becoming familiar with the use of instruments, for his preceptor had performed the operation of embryotomy on an average sixteen times a year!!! To you, gentlemen, an announcement of this character may appear like romance—but I have myself witnessed in this city scenes of blood sufficient to satisfy my mind that this is not an exaggerated picture; and I will take the liberty of citing one case, among several others now fresh in my memory, to show you that I do not speak without cause, when I protest against the unholy acts of men, who were intended neither by Heaven nor nature to assume the sacred duties of the lying-in chamber.

“ About two years since, I was requested to visit a poor woman, who resided a few miles from this city. She had previously borne two living children, and her confinements had not been attended with any unusual circumstance. On arriving at the house, there was presented to my view a scene, which I can never efface from my memory. It was a spectacle at which the heart sickened—it was humiliating to my professional pride, and I could not but experience feelings of deep mortification. This unfortunate sufferer had been in labor twenty-six hours, when two medical gentlemen, for reasons which I trust were satisfactory to themselves and their consciences, determined on the use of the perforator. This instrument of death was accordingly thrust into the brain of a living child; the labor, however, did not advance, and they proceeded to remove the *fœtus* piece-meal. After four hours' desperate toil—and I ask, where could have been their feelings of humanity—they succeeded in bringing away the entire *fœtus* in a mangled condition, with the exception of the head, which was still in the womb. The friends of this poor creature—for destitute as she was, she was not without friends in this, her time of trial—her friends, I repeat, became alarmed; their confidence was lost, and the serious apprehension entertained for the safety of the woman induced them to call in additional aid. I was sent for; and, on hearing the particulars of the case as far as the messenger could communicate them, I hastened to the house, accompanied by my former pupils, Drs. Busteed and Burtzell. The patient was pale and exhausted; her coun-

tenance was that of a dying woman ; she was almost pulseless, with cold extremities, and the perspiration of death on her. In her death agony she supplicated me to save her, and said, with a feeling that none but a mother can cherish, that she was willing to undergo any additional suffering, if she could only be spared to her children ! Poor creature ! her measure of anguish was indeed full, and had she known that she was about being removed from her children by the atrocious butchery of men, to whom she had entrusted her life, she would not have made the appeal she did. In approaching the bed of the dying woman, and on attempting to make a vaginal examination to ascertain the condition of the womb—the head of the fœtus being still in its cavity, having been separated from the trunk—you may well imagine my feelings on finding a mass of small intestines protruding from the vagina, and lying between the thighs ! The operators had not contented themselves with slaughtering the infant ; but they ruptured the uterus, through which the intestines had escaped ; and, in this condition, they had abandoned the woman ! She lay in this situation three hours before I saw her, the doctors having left the house, stating that nothing more could be done !! Verily, death *does* terminate all human effort.

“The question may now be asked—why was embryotomy had recourse to in this case ? I never could ascertain. There must have been some secret reason for it ; the burning love, perhaps, which some men have for the eclat of *bloody deeds*. There was no deformity of the pelvis ; the head of the fœtus was of the usual size, and, as far as I could learn, it was an ordinary labor. The doctors judged it advisable to do something, and they decided to turn and deliver by the feet. They accordingly proceeded, and, mistaking a hand for a foot, pulled it into the vagina. They were then foiled, and, in order to complete the delivery, they commenced cutting up the fœtus, and extracting it piece-meal. Thus were two lives wantonly sacrificed. The patient died in about two hours after I arrived ; and half an hour before she sunk, she observed, “*My poor child was alive ; for I felt it move when the doctors were tearing it from me.*” Such language, uttered under such circumstances, was indeed graphic and eloquent in condemnation of those who had been participators in this most cruel tragedy.”

In the following passage, Dr. Bedford alludes to the prevalent error, that the dangers of parturition cease with the birth of the child, and comments upon the importance of those placental difficulties which often complicate labor, and expose the mother to hazards more to be dreaded than any other abnormal circumstance. The case he relates is calculated to impress upon the minds of his pupils the lesson, that he who presumes to officiate in obstetrical practice without thorough and scientific preparation, may find himself alone in the chamber of death, with a conscience ill at ease, when a mother and her child may perish by reason of his lack of knowledge.

“Remember, however, that the duties of the accoucheur do not terminate with the delivery of the child ; and fortunate would it be for the parturient woman if this doctrine were more generally inculcated. The opinion that the perils of the lying-in chamber cease with the birth of

the fœtus is not only preposterous, but is fraught with danger both to the practitioner and patient. The management of the placenta constitutes, in itself, one of the nicest and most interesting points connected with the whole practice of midwifery. Tell me not that the delivery of the child emancipates the woman from all further peril. Truly has it been remarked, by a most emphatic and lucid author, that no man should have the hardihood to cross the threshold of the lying-in room who is not prepared, promptly and effectively, to conduct every placenta case that may by any possibility present itself. I respond most heartily, with all consciousness of its truth, to the value of this sentiment; and I would say to those, who have never yet been engaged in the practice of the profession, that if there be any one thing more than another, in the whole routine of professional duty, calculated to strike terror into the heart of the practitioner, and for a moment paralyze his best energies, it is a case of *bleeding* after the birth of the child. Here there is no time for consultation—no time for reference to authority. A short time since, I was sent for in great haste by a medical gentleman to meet him in consultation in the case of a lady then under his professional charge. As soon as I reached the house, he informed me that half an hour before my arrival he had delivered his patient of a fine son; and he observed that there was another fœtus in the womb. Finding his patient growing weak, he thought it advisable to send for assistance. This was all the information I received, when, on being introduced into the room, I witnessed a scene which I have not language to describe. The husband and relatives were gathered around the bed of the dying woman; her two little children, who had been asleep in an adjoining room, awakened by the confusion of the night, became alarmed and rushed into their mother's chamber. As soon as I beheld the patient I became convinced that all was over. There she lay, pulseless and speechless, with death written on her countenance. In placing my hand on the abdomen I found it immensely distended; it was soft on pressure, and in an instant I arrived at my diagnosis. It was *internal uterine hemorrhage*. Utterly hopeless as the case was, I could not stand passively by and behold the last flickering of the vital spark, without one desperate effort to reanimate exhausted nature. Without a moment's delay, therefore, I introduced my hand for the purpose, if possible, of bringing on contraction of the womb. I found the placenta detached, and lying immediately over the mouth of the uterus, thus effectually preventing the escape of blood externally, and leading the practitioner to a fatal error as to the actual condition of his patient. As soon as I had introduced my hand into the womb, the unfortunate lady seemed to experience a momentary revival; she opened her eyes wildly, gazed on those around, asked for her children, and instantly expired! Comment here can scarcely be necessary. Error of judgment, as to the nature of the difficulty, had thus suddenly swept from earth an interesting woman, and had deprived the young and helpless of a mother's love and devotion. Such scenes are, indeed, agonizing, and are calculated to make a



lasting impression on the minds of all, who appreciate the necessity of accurate knowledge and the fulness of professional responsibility."

The whole lecture abounds with similar testimony against empiricism, and demonstrates that its author is intent upon inspiring his class with a just estimate and appreciation of the value of that kind and degree of knowledge which his department imperatively demands. Happy will it be for his pupils and for their future patients, if the salutary and earnest counsels of the teacher shall be heeded as they deserve. R.

#### NATURE AND THE PHYSICIAN IN THE CURE OF DISEASE.

[DR. SAMUEL JACKSON, of Northumberland, Penn., has no very exalted opinion of the *vis medicatrix naturæ*, so often trusted to as *the* resource in disease. In his Annual Report on the Theory and Practice of Medicine, presented to the College of Physicians of Philadelphia, he thus speaks of the comparative value of nature and medical science in the treatment of disorders of the human frame.]

We shall conclude our paper, by reporting, for the animadversion of the College, a certain morbid opinion or theory, sometimes too freely expressed by physicians, and too well calculated to derogate from the honor and utility of medicine. It is, that *the physician is the mere servant of nature, which cures nearly all diseases*. This, we believe, is the prevailing and most injurious error of the present time, one which the people, the *idiotai*, as Hippocrates calls them, are too ready to cherish to their own detriment. An argument is founded on the fact that the physician is obliged to avail himself of all the natural functions, without whose subserviency, he can effect nothing. True, if the blood do not circulate he cannot bleed; if there is no peristaltic motion he cannot purge. As well might they derogate from the value of the artist, who, without marble, cannot make a statue.

A form to rugged stone, when Phidias gives,  
Beneath his touch a new creation lives;  
Remove his marble, and his genius dies.

So also with the physician,—if there is no life, his art ceases. But to direct the living functions so as to prevent disease, recover lost health, and attain longevity, is all that medicine contemplates, and this is what unassisted nature seldom does, in the best and safest manner; particularly as the word NATURE includes, not only the physical necessities of the body, but also the blind mental operations of the patient, and of the many who are injuriously interfering in his case. Your friend is ill, nature is doing for him precisely what she cannot help; it may be good, or it may be evil, the best or the worst; but there are other natures besides his own, and his sick body has not only to contend with its own nature, but with the obtruded natures of all his friends. Thus, the new-born child is no sooner consigned to its mother's arms, than the preservative art of medicine is needed; for then all the busy *natures* in the house begin to inquire, whether they shall surfeit the stranger with sugar or molasses, pap or panada.



This nature has been used in the world under various imposing names. With Van Helmont it was an *Archeus*, with Stahl an *Anima Medica*, Cullen thought it a *Vis Medicatrix*, and many, from Hippocrates to the seventeenth century, dignified it by the name of *Autokrateia*. It has even been endowed with intelligence, but at present it must be considered as the mere physiological necessity of organized matter. That must have been considered as a cruel and malicious intelligence, which could stir up such painful curative commotions as colic and dysentery.

In the whole catalogue of diseases, what does unassisted nature effect, in her methods of cure? In yellow fever, she inflames the stomach and creates a fatal vomiting of black matter; in mild typhus, under a show of great gentleness, she insidiously involves the brain in inflammation or corrodes the bowels; in dysentery, under pretence of expelling offending matter, she ulcerates the bowels, adding intolerable pain, purging, and tenesmus; in the various choleras, it would take a longer time to describe her blind curative operations, than she requires to destroy the patient. In the ague, though she benevolently cure one fit, she brings on another, till she inflames the stomach and bowels, swells the liver, emaciates the patient, and finally consigns him to the undertaker, whether he be a King James, a Cromwell, or a commoner: in some diseases her curative methods are tedious, always deadly, and too disgusting to be related.

*But many of her operations are salutary; when there is a thorn in your flesh, she excites suppuration and throws it out.* True—but she makes the same effort when she cannot throw it out. All her operations are blind, yet she cannot be still; she has no alliance with the vaunted Hippocratic expectation. *But when there is internal inflammation, she gives you timely notice by pain and fever.* True—but it was nature that excited this inflammation as a curative effort, and the pain is a necessary part of it. *She brings on syncope, and saves the life of a bleeding patient.* Neither is this a *vis medicatrix*, but a physical necessity. Let us see a syncope with a restrained hemorrhage, while the pulse fails not—then, indeed, you may cry out, *eureka, eureka.*

Dr. Sydenham has defined disease to be the confused and irregular operations of debilitated and disordered nature; and Dr. Dickson, in his late work, says, that all the tendencies of disease are towards death. This, we believe, to be strictly true, though it be in collision with one of the highest authorities, who fears “that if the invariable tendency of all forms of disease was unto death, their mortality would be greatly augmented.” The tendency, however, may be to death, though death be not reached; the mortiferous action wears itself out by its own struggle, and leaves the patient alive, though often unsound. In the various grades of dysentery, the curative operations of nature may sometimes save a patient, the organism to be destroyed, being stronger than nature, the destroyer; but let me insist that I have never known a regular physician so worthless that he was not greatly to be preferred to nature, in nearly all cases, and certainly in his collective practice. In all diseases, from the prick of a thorn to the bite of a crotalus—from the mildest eph-

mera to the malignant plague, the regularly educated physician, however comparatively worthless, is greatly to be preferred to the "confused and irregular operations of disordered and debilitated nature." We would therefore propose to reverse the maxim, and say that *nature is the servant of the physician*. She is to be carefully observed, and, like a servant, she is to be encouraged in all her laudable determinations; nay, further—like a servant, she must sometimes be tolerated, even in her errors. The human body, in sickness, has been compared to a ship in a storm: *nature* is breaking her cordage, tearing her sails, and driving her on the rocks—the mariners repair the rents, and by a skilful use of the morbid elements of *nature*, they steer her safe from the leeward shore.

It would appear obsolete to observe that the goodness of Providence is not to be questioned, because he has left the human body without a curative *autokratia*. To have left many of those things most necessary to the comfort of man, particularly health, to be attained only by care and labor, is one proof of Supreme wisdom; for it is not consistent, either for our present or future happiness, to live like the gods of the Epicureans, in a state of careless ease and apathetic supineness, as Lucretius says—*cura semota metuque*.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JANUARY 7, 1846.

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*Lunatic Asylum of Tennessee.*—Two weeks since, a reference was made to this institution, and an intimation given that it would be gratifying to have the opinion of some one who had the moral courage to mention the services it has rendered to humanity. On looking over the statistics of the last annual report, made to the Legislature, now in session in that State, it recalls our own impressions while examining the Asylum a little more than a year ago.

The Lunatic Asylum of Tennessee is charmingly located in Nashville: nature has done more than art in regard to the conveniences of the place. From all we could learn, the people have voted money liberally for making the buildings and appurtenances both tasteful and commodious. In a word, the appeal that has gone up to high places in behalf of the insane, was always listened to with a feeling of sympathy, honorable to the representatives of a kind and noble-minded people—and the treasury was never closed against any demand that was intended to promote the daily comfort, contribute to the curative process, or confer happiness on the wretched, reason-bereft tenants of that well-devised charity. But there has been a leak in the vessel, which will ultimately sink the ship, unless it is subjected to a thorough overhauling, and that directly.

Unfortunately, the medical superintendent was absent when we visited the Asylum. However, he was so well spoken of, both as a physician and a citizen, that we have no doubt he must have been embarrassed with the train of bad management which characterized the interior adminis-

tration before his appointment. The apartments, either in point of finish, furniture or appropriateness, were not to be compared with those of Philadelphia, Columbus, or any in New England. We never saw but one, so utterly unfit for the purposes for which it was designed, outside and in—and that was at Lexington, Kentucky. The overseers of the patients, particularly the males, were uncouth, shabby-looking fellows, who appeared as unsuitable, as possible, to have the care and daily keeping of the insane. The female patients were better cared for, being under the immediate eye, on that particular occasion, of the superintendent's lady, who was an accomplished, sympathizing woman, and was in the midst of them, maintaining, with kind-heartedness, both decorum and order. Whether the same physician still has charge of the establishment, we are unable to say; but presume not, as we were informed, or received the impression, that there was not much certainty of one's holding the office very long.

Neither the Legislature as a body, nor a committee of its members, should ever meddle with the details of the superintendent's duties—nor make the appointment. A board of trustees—and that not so large as to be unwieldy—should have the appointing power, with authority to remove the physician, and he should select his own assistants.

We do not know the amount of good that the Lunatic Asylum of Tennessee has accomplished in by-gone years. Here is what it has done in 1844-5—up to October 17th, last.

“We have at this time 49 patients—30 paupers, 19 boarders; 32 men, 17 women. We have discharged, perfectly restored, 13. There have been taken away by friends, much improved, 5. Died, 7. Out of the number remaining, there is a prospect of the restoration of 7—the others, in number 42, being cases of from four to twenty years standing, we consider incurable.”

All of the above paragraph appears to be original, but much of the report is copied, liberally, too, from the annual reports of other hospitals, and there is a lack of information respecting the labors and prospects of the asylum. We were struck with a charge of sixty-one dollars and twenty-eight cents against the Asylum for *tobacco*. Who could be the consumers, if not the inmates? Considering the scarcity of patients, provided they did the chewing, they certainly had no lack of employment. In our visit we noticed a want of all those appliances for mechanical pursuits, so generally introduced into other asylums; no work-shops for regular and systematic labor, no reading room, no library. The poor lunatics appeared to have nothing to do but waste away life by idly lounging here and there.

Let us not be misunderstood in these remarks. Although we felt that it was a neglected, miserably poor place for the insane, the blame did not rest on the physician or his family, but on those who had preceded him; and in this conclusion we are justified by the language of the present Superintendent, who informs the Legislature what is most necessary.

Nashville is blessed with many excellent medical practitioners, who must know, from daily observation, that the Asylum, as it has been conducted, falls below mediocrity. They must have seen its defective police; the unsuitableness of some of the inferior attendants, and the absolute waste of the State's bounty. And why have they not raised their voices and apprised the Legislature of the immediate necessity of wholly reforming and remodelling the institution?

*Elements of Pathological Anatomy.*—When Dr. Gross, the erudite author of this great work, published the first edition, in 1839, the profession, generally, were made familiar with the character of the enterprise. In that edition, however, there were certain typographical mistakes, in connection with other imperfections, that unfortunately crept in, in consequence of being printed more than a thousand miles from the residence of the author, which Dr. Gross has always felt ambitious to correct. His eye was more critical than that of his readers. However, a proper period arrived for remodelling the entire edition, and now we have it in a perfectly finished state. This second edition is from the press of Messrs. Barrington & Haswell, Philadelphia, in a mammoth octavo of 822 pages, illustrated by very accurate and very elegant drawings, some of which are colored to vie with nature in delicacy of tints.

We can only publish this notice of the completion of the book to-day—indulging the expectation of giving a synopsis of its contents hereafter.

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*Narcotics in Insanity.*—An English copy of “An Essay on the Use of Narcotics and other Remedial Agents in procuring Sleep, in the Treatment of Insanity,” by John Williams, M.D., came through the safe conduct of Messrs. Ticknor & Co., for which we are much obliged. This is the essay which obtained the Lord Chancellor’s prize in Ireland. Those who have the management of institutions for the insane will have the most interest in this modest, well-intentioned production; but it strikes us that it contains nothing not already familiar to them in regard to remedial agents. In fact, it could do the author no injury to assert, without qualification, that insanity is as well treated in New England as in any part of Europe; and further, there is not a single idea advanced by Dr. Williams, which is new to many of the physicians of lunatic asylums in this country. Yet the subjects of bleeding, purgatives, narcotics, stimulants, baths and exercise, are each discussed thoroughly and appropriately.

Books, especially on medicine, hold up but few original ideas for admiration in these latter days. Still, there should be no apathy on the momentous subject of health, and every effort, above mediocrity, that assists in keeping the minds of professional readers in a state of activity, deserves the united patronage of the faculty. On this principle we shall be gratified to hear that Ticknor & Co. are making extensive sales of the Essay on Narcotics in Curing Insanity.

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*Alabama Medical University.*—A medical university! That is something new. A university has been considered an institution of several departments—an assemblage of colleges, in which, besides mathematics, the languages, &c., medicine, law and theology are taught. But that is not the notion, it seems, among the law-makers of Alabama. They have chartered a *medical* university, and its Faculty are steam doctors—“purely of the Thomsonian order,” as the faculty themselves avow. These *teachers* (*doctors*) proclaim to the world “that an epoch in the history of Alabama will *bare* on the first Monday in November, 1845,” when the lectures in their *university* commenced. It is an epoch, sure enough. Most signally does it illustrate the boasted “march of mind” in our age. It is a burlesque upon medical schools. One might suppose that the Legis-

lature of Alabama was seeking to bring the medical profession into contempt, when they granted such a charter. But it is not so. It was only giving the "largest liberty." Wetumpka is the honored seat of this "medical university," and we shall not be surprised to hear that these doctors of the "Thomsonian order" have had pupils. The legislators who voted for the charter ought to send their sons there.—*Western Journal of Medicine and Surgery.*

*On the Influence of Mercury in producing Nephritis.*—The effect of mercurial preparations in causing salivation is only a particular instance of their tendency to stimulate glandular organs. This tendency sometimes displays itself in the production of bilious diarrhœa, and sometimes in an excited condition of the kidneys, verging towards inflammation.

In a great many instances I have observed the urine to become neutral or alkaline under the employment of mercurial medicines. It was particularly noted that these patients had passed acid urine previously to being placed under mercurial medication; that the urine had become acid again after the mercury had been discontinued for a variable length of time; and that no alkali nor alkaline salt had been taken, such as might by its elimination from the kidneys have given rise to this re-action. Neither was there any retention of urine in these cases, nor organic matters present which could have originated a rapid putrefaction; so that it could only be concluded that the diminished acidity, neutrality, or alkalinity of the urine of persons under the influence of mercury, results from a vice of secretion, produced by the action of this metal on the kidneys. Now, it has been shown, that alkalinity of the urine resulting from a vice of secretion, is a symptom of simple nephritis, whether acute or chronic; and a symptom of such importance, as, in the opinion of some, to warrant by itself the diagnosis of the disease.

In a case which I lately had an opportunity of seeing, there could be no doubt, however, of the existence of nephritis; and that it resulted from the effects of mercury appeared much more than probable. There was pain and deep-seated tenderness in the regions of the kidneys, frequent rigors and vomiting, as well as alkalinity of the urine. These symptoms arose under the use of mercury, but required active antiphlogistic treatment for their removal.—Dr. ALDRIDGE in *Dublin Hospital Gazette.*

*Filtering of Water.*—At Nottingham, a system has been applied with perfect success for several years, in which advantage was taken from the nature of the soil (clean sand and gravel), to form a natural filter by the side of the Trent, which at the same time acts as a reservoir, and through which the water slowly percolates for one hundred and fifty feet; and so perfect is the action, that although the stream is sometimes made so turbid by peat and other vegetable matters that it is of the color of tea, yet the water, after filtration, is so bright that a pin may be seen at the depth of eight feet. Mr. Thom has erected at Greenock, Paisley and Ayr, *self-cleaning filters*, of a very ingenious construction, and at an expense, for 50,000 inhabitants, of £500. He has also ascertained that "the moss water, by flowing over or through a particular species of lava or trap-rock (amygdaloid), became fine spring-water." What a contrast do these inventions, by which the water supplied to a whole town is purified by one

operation, present, when compared with the existing system by which only the comparatively rich can afford to purchase a private filter.—*Medico-Chirurgical Review*.

*Asylum for the Insane at Toronto.*—Dr. Walter Telfer, of Toronto, Canada West, has been appointed Medical Superintendent of the Provincial Asylum for the Insane at Toronto. The Government is now erecting a large asylum for the insane at that place. Sixty-five acres of land are connected with it. It is calculated to accommodate 450 patients, but will not be completed under two years. At present about 75 patients are kept in a building formerly used as a jail at Toronto, and a temporary asylum of wood to accommodate 120, will be completed in May. Into these two buildings the insane will be received until the large asylum is finished. Dr. Telfer has recently visited many of the institutions for the insane in the United States, and is zealously preparing himself to discharge in a proper manner the duties of his responsible station.—*American Journal of Insanity, January, 1846*.

*Medical Miscellany.*—Dr. Wm. Williams has been elected president of the Senate of Maryland.—The *Æsculapian Society* of New York has had an interesting meeting.—Castleton Medical College prospectus for the spring course of lectures, is published.—Ticknor & Co. have a new medical book nearly ready for publishing.—A Boston dentist is experimenting for the purpose of making an effectual composition for filling decayed teeth—and strongly believes that he shall produce an unobjectionable one.—The U. S. soldiers at Corpus Christi, are represented to be suffering from dysentery and catarrhal fever. The University Medical School, of New York, has 425 students—and the old College, 180, says the *Observer*.—Prof. Buckland, the Geologist, has been recently elevated to the Deanery of Westminster, but there is a general dissatisfaction in regard to it, as it is admitted that he understands all ologies but theology.—There is a fine class attending medical lectures at Yale College, Conn. This institution, as a general thing, educates the physicians of its own State, which explains the reason why they are so uniformly good practitioners.—Two hundred of the students at the Louisville Medical Institute, Ky., have signed the temperance pledge, says the *Mass. Cataract*.—Dr. A. McFarland has been appointed Superintendent of the New Hampshire Asylum for the Insane at Concord, in the place of Dr. Chandler, resigned.—The honorary degree of LL.D. has been conferred on Dr. Luther V. Bell, Superintendent of the McLean Asylum for the Insane near Boston, by King's College, Nova Scotia.—Dr. Ray, Superintendent of the Butler Hospital for the Insane, now erecting near Providence, R. I., has recently returned from a visit to the institutions for the insane in Europe.

**MARRIED.**—In Boston, Charles Gordon, M.D., to Miss M. A. Upham.—At Vernon, Conn., Dr. M. L. Fiske, of East Windsor, to Miss F. A. Tinker.

**DIED.**—At Stonington, Conn., Dr. Wm. Robinson, a revolutionary soldier, 81.

Number of deaths in Boston, for the week ending Jan. 3, 53. — Males 25, females 28. Stillborn, 5. Of consumption, 13—small pox, 4—croup, 2—scrofula, 1—accidental, 2—lung fever, 4—infantile, 3— inflammation of the brain, 1—sudden, 2—paralysis, 1—old age, 3—dropsy of the brain, 2—teething, 1— child-bed, 1—kidney disease, 1—cancer, 1—dropsy, 1—hooping cough, 1—debility, 2—scarlet fever, 1—apoplexy, 1—disease of the liver, 1—disease of the heart, 1—typhus fever, 1—unknown, 1. Under 5 years, 11—between 5 and 20 years, 6—between 20 and 60 years, 22—over 60 years, 11.



*On the Use of Chiococca Racemosa for Charbon in the Horse.*—Dr. Daunt, writing from Brazil to the Editor of the Veterinary Record, makes the following observations :—

“ During a residence, in the latter part of the past year, in the district of San John de Macahé in this empire, I found that the “pustule maligne,” or “charbon,” was a frequent disease among the under-bred and poorly kept horses of that district, and that the peasantry combated it with general success by the internal administration of the shrub known here as the Carnéa, the “*Chiococca Racemosa*” of naturalists. Knowing the fatality of this disease among cattle in many European countries, and its fearfully contagious nature, it being most commonly fatal to those employed about such animals, it has appeared to me that the Carnéa (which may be procured in the European drug market, and which, as the *chiococca racemosa* of the family of the Rubiaceæ, is described in the *Histoire Naturelle Medicale* of Professor Richard, and in the *Materia Medica* of Messrs. Merat and Delens) deserves a fair trial. I could not learn whether this drug was likewise applied to cases of disease occurring in the human subject in this country. In giving it to animals, the dose must be apportioned in the first trials by an approximative relation founded on the statements given by the two French authors named of its dose for the human subject. That the carnéa possesses most powerful properties is not to be doubted, it being most popular among the natives in all cases where a general corruption of the circulating fluids exists, as in all diffuse cellular inflammations, &c. ; and probably it might not be without action in equinia. It decidedly merits a more extended trial in Europe than the efforts of M. de Langsdorff obtained for it about sixteen years ago, when his attention was called to it during his travels in the interior of Brazil.

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*Capsules for Medicine.*—Being lately in Paris, I heard of a novel mode of preparing capsules for the envelopment of the nauseous class of medicines, such as balsam of capivi, turpentine, &c. This new capsule is formed of animal membrane instead of gelatine, and has the remarkable property of being pliant and soft in the mouth, easy to swallow, and when in the stomach, of not dissolving there, but of breaking only in passing into the duodenum. The contents of the capsule are thus carried along the intestinal canal into the region where the operation of their curative effects is required. The stomach of the patient, which commonly revolts at the class of medicines referred to, is said to be not at all affected by these capsules, either on their first introduction, or by distressing eructations afterwards. Have such capsules been made in England, and would they not, for certain diseases, be deemed a great improvement upon those now in common use?—*Pharmacien*. Capsules of this kind have lately been introduced into this country. They have not yet been extensively used, but we have heard a favorable report from some medical men who have tried them.—*Pharm. Jour.*, Nov.

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*New Medical Books in London.*—On the Mortality in Prisons, and the Diseases most frequently fatal to Prisoners. By Wm. Baly, M.D., Physician to the Milbank Prison.—Illustrations of Modern Mesmerism, from Personal Investigation. By John Forbes, M.D., F.R.S.—Strictures on the Evils of the present System of Ventilation. By Franklin Cosworthy.



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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## AN UNPREJUDICED INQUIRY CONCERNING THE EFFECTS OF TOBACCO ON THE HUMAN SYSTEM WHEN USED AS A LUXURY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having, in Vol. XXXII. p. 509–517 of your hebdomadal, endeavored to bestow a strictly impartial consideration upon the general effects of tobacco on the human system, when used as a luxury, and having then promised a further examination of the triplicate forms in which it is consumed, I would now crave permission to do so, notwithstanding I have, since my last communication, laid down the lancet and doffed the Æsculapian robes for the purpose of soon taking up the political pen editorial. The fact of my being ranged under another standard will not so far detract my attention from medicinal matters but that, to borrow from Charles Lamb's *Farewell to Tobacco*,

—————" I may catch  
Some collateral sweets, and snatch  
Sidelong odors, that give life  
Like glances from a neighbor's wife."\*

I cannot entirely give up my relations to Hygeia, and might justify myself in the language of the poem just quoted,

"That, as she, who once hath been  
A king's consort, is a queen  
Ever after, nor will bate  
Any tittle of her state,  
Though a widow, or divorce'd ;  
So I, from thy converse fore'd,  
The old name and style retain,  
A right Catherine of Spain."

You may expect, therefore, if you consider them worthy of helping to make up the variety expected in a weekly journal, the other historical articles and reviews which were promised some time ago, and which I shall occasionally furnish.

When employed as a masticatory, tobacco at first produces distressing nausea, vomiting, dizziness, and the other effects peculiar to the herb, and causes a biting, pungent, disagreeable sensation in the mouth and fauces, which is of considerable permanency. The glands which secrete saliva are actively stimulated, and pour out a profusion of this fluid. In a short time the continuance of the habit causes all the disagreeable im-

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\* The Poetical Works of Charles Lamb, p. 22.

pressions to cease, and the quid gives a sensation of pleasure to the organs of taste, instead of the reverse. The increased action of the salivary glands, however, and of the mucous follicles, continues, and there is no doubt that inveterate chewers, by keeping up a constantly excessive secretion of this sort, occasion a waste of the saliva necessary for digestion, and thus produce dyspepsia and other complaints of the stomach. This is generally admitted, but Dr. Knowlton, of Ashfield, himself a chewer, denies it, and says:—"It is as common for men to have too much appetite for food, as too little; and tobacco serves most admirably to check this excess of appetite, and thus to prevent dyspepsia (which is caused by over-eating), with all its horrid train of mental and corporeal disquietudes. Tobacco consumers, and especially chewers, are very generally healthy and long-lived men. Tobacco is a most excellent depleting agent, to purge, as it were, the brain, keeping off cerebral congestions and apoplexy. Were I in the habit of admiring the arrangements of Nature, I should admire the fitness of tobacco to preserve the brain from sanguineous repletion, by keeping up a secretion of saliva, in the immediate vicinity of the brain. For every ounce of saliva which tobacco causes to be secreted, the volume of blood sent to the brain must be diminished just one ounce. This saves bleeding and a doctor's bill!"\* Be this as it may, chewing tobacco is incontestably the filthiest manner in which it can be used, and I think the most deleterious, as it excites the excretories of the mouth more than smoking, and instead of being practised at times only during the day, is acting on the system without cessation, from the time the chewer rises in the morning till he retires at night, with the exception of meals, and I know some persons who go to sleep with the quid in their mouths, and thus keep themselves always under its operation. Its effects on the breath are obvious and offensive, and have afforded frequent subject of animadversion. King James I., in his Counterblast, particularly denounced them, and his denunciations have found a response in all the more modern phillippics against the plant; but Dr. Knowlton (op. cit.), even in this respect, defends his favorite weed. "We are told," he says, "that the use of tobacco is filthy. I admit this objection in all real force. But what is a little colored saliva, when weighed, as in the balance, against the immense good which I have shown to arise from the use of tobacco? No one thinks of spitting on a clean floor; and to spit upon a dirty floor serves the good purpose of hiding the grease spots—and thus protecting the woman at the expense of the man. Surely the women can't complain on this score. We are also told that chewing tobacco discolours the teeth. Well, they are easily made white again; and besides, teeth of a yellowish color don't look half so bad as rotten teeth, and great ugly spaces where teeth ought to be. We are told that tobacco renders the breath offensive to all who do not use it. Not so bad as rotten teeth: and besides, that is *their* fault; all *should* use it."

When tobacco is first smoked, it gives rise to a train of symptoms like those described as being occasioned at the commencement of chewing,

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\* Tobacco defended, &c., in the Boston Investigator, Vol. vii. No. 47.

but like those they are temporary, soon giving way to a persistence in the habit ; if, however, the impressions are too much disregarded in the beginning, and the practice is pushed to extremes by the novice at his first attempt, in spite of them, the effects may be fatal. Dr. Marshall Hall relates a case of this kind, where a young man smoked two full pipes, although entirely unused to the custom, and so severe were the consequences that the act nearly cost him his life.\* The effects of smoking on the mouth and fauces are the same as those produced by the quid. So also are the effects on the breath. Dr. Thomas Short, himself evidently a consumer of tobacco, and a great believer in the efficacy of smoking for a variety of diseases, thus describes some of the results of the habit. "Habitual smokers," he says, "have a foul, squalid tongue, their senses of taste and smell are impaired, and sometimes lost, the smell of their breath is more nauseous than that of a bog house, or of wind broken downwards after taking flour or milk of brimstone."† This method of taking tobacco is probably the least hurtful of either of the three popular modes, and requiring as it does several collateral helps for its practice, it cannot easily be pushed to such an excess as either chewing or snuffing. Carried only to a certain point it agreeably stimulates the system, but when the degree to which the constitution is accustomed is exceeded, even habitual smokers are affected like novices when they commence. Dr. Hellvigijs, a Dutch physician, relates the case of two brothers who strove which should exceed the other in smoking tobacco. One of them smoked seventeen and the other eighteen pipes. One died immediately, or, to use the words of the original, "*eo momento demortuus*," while the other lived only two or three hours.‡ The number of pipes here mentioned has not unfrequently been smoked with impunity, and the youths of whom Dr. Hellvigijs speaks must have been young smokers, or were endowed with uncommonly susceptible organizations. To some habits the custom of smoking is undoubtedly injurious, and many writers and physicians are firmly convinced that it is in every case injurious, while others go to an equally untenable extreme, and are ready to deny that it is ever so. I have no doubt that its evils have been exaggerated. Dr. Prout says, this habit "disorders the assimilating functions in general, but particularly, as I believe, the assimilation of the saccharine principle. I have never, indeed, been able to trace the development of oxalic acid to the use of tobacco ; but that some analogous and equally poisonous principle (probably of an acid nature) is generated in certain individuals by its *abuse*, is evident from their cachectic looks ; and from the dark and often greenish-yellow tint of their blood."§ On the other hand, Dr. Pereira says, "I am not acquainted with any well-ascertained ill effects resulting from the habitual practice of smoking."|| Dr. Christison, though he relates some fatal cases produced by snuff, coincides in this

\* Edinburgh Medical and Surgical Journal, vol. vii. p. 11.

† Discourses on Tea, Sugar, Punch, Tobacco, &c. p. 251.

‡ Ephemerides Academicæ Naturæ Curiosum, Dec. ii. Ann. iii. p. 321.

§ On the Nature and Treatment of Stomach and Urinary Diseases, p. 25.

|| Elements of Materia Medica, &c. vol. ii. p. 313.

opinion.\* Dr. James Johnson, in replying to an article published in the London Medical and Physical Journal, says, "If smoking were so prejudicial as its opponents assert, the world ere this would have been generally aware of it. The increased civilization and knowledge of the century have nearly banished excesses in wine and spirits from among the educated classes. \* \* \* \* \* But tobacco-smoking is certainly on the increase, and we repeat that the common sense of mankind would speedily determine its injuriousness, if it really was injurious in a very perceptible degree. \* \* \* \* \* We feel well assured it is not so pernicious as those who dislike it would seem to imagine."† It has been charged upon both smoking and chewing that they were causes of intoxication from the use of alcoholic stimulants. Dr. S. B. Woodward, and in this opinion he is far from being alone, says, "Indeed I have supposed it was the most ready and common stepping-stone to that use of spirituous liquor which leads to intemperance."‡ Dr. J. Cheyne says, "Tobacco is an enemy to domestic economy and personal cleanliness; it taints the breath permanently, injures digestion, impairs the intellect, and even shortens the life of some of its votaries. \* \* \* \* \* The chief evil, however, in tobacco, taken in any way, is that it leads myriads upon myriads to the habitual use of ardent spirits and opium, and consequently to the ruin of soul, body and estate."§ Dr. Knowlton expressly denies this. "The use of tobacco," he says (op. cit.), "which stimulates, supersedes the call for other stimulants, in a great degree; and I must think that it tends to prevent the use of alcoholic stimulants rather than otherwise. I suppose, however, that almost all old toppers use tobacco in some form or other, because they find that in some degree it supplies the place of their intoxicating stimulus, which they cannot at all times command." A physician of Topsfield, replying directly to Dr. Woodward, says of tobacco, "A word with respect to its leading to drinking. I am inclined to the opinion that drinking leads to smoking, rather than the reverse. The cigar is used to while away the time till another glass is wanted. They are so far connected and associated. But the use of tobacco calls moisture into the mouth, and would therefore seem to preclude the necessity of frequent drinking. Chewers and smokers spit a great deal."||

Dr. J. V. C. Smith says,¶ "the cigar gives rise to all the difficulties that are imputed to the vice of smoking," and he illustrates by declaring that "the inhabitants of whole nations, as Holland, Germany, Russia, and Turkey, are addicted to the custom of smoking from youth to old age, without apparently suffering from the evils that are asserted to have their origin in this pernicious habit," because, as he infers, "the pipe is almost exclusively used." He argues that "much, if not all, the danger to health" arises from the inhalation of the hot smoke into the lungs, and that the shorter the cigar the more this injury is increased. Cigar

\* Treatise on Poisons, p. 774.

† London Medico-Chirurgical Review for April, 1833, vol. xviii. p. 490.

‡ Boston Medical and Surgical Journal, vol. xx. p. 173.

§ Cyclopædia of Practical Medicine, vol. ii. p. 90.

|| Boston Medical and Surgical Journal, vol. xx. p. 243.

¶ Ibid. vol. xxix. p. 162.

smoking he also considers injurious to the teeth, giving to them a bluish tinge, producing a disease of the lining membrane of the sockets, and destroying the enamel by means of the essential oil, volatilized though it may be. An old physician, writing for Dr. Smith's paper some years before, makes similar assertions respecting cigars and pipes. From the "abuse" of the first he thinks he has seen injury, but declares he "hardly knows the instance from the pipe."\* Dr. Justus Liebig, the celebrated German chemist, whose authority Dr. Smith pronounces of "the highest order,"† says that "smoking cigars is prejudicial to health, as much gaseous carbon is injuriously inhaled, that robs the system of its oxygen."‡ It certainly appears reasonable that such inhalation from cigars or short pipes should be prejudicial, and the oriental method of smoking in very long pipes, and even making the smoke pass through water and thoroughly cool itself, must be far the most preferable in every point of view, whether we regard health or pleasure. It is surprising that the eastern custom is not more generally adopted in Europe and America. In Paris, during the present mania for smoking, the hookah is coming into use, and Barthélemy, in his late poem, thus sets forth its delights.

"Heureux le grand seigneur de l'Inde et de la Perse!  
Tandis qu'à ses côtés, un esclave lui verse  
L'extase des élus dans les flots du moka,  
Un autre est à ses pieds, penché sur son houka.  
Merveilleux appareil, où la tiède fumée  
Refroidie en passant sur une eau parfumée,  
Dans un long serpent in qu'elle suit lentement,  
Dépose l'acreté d'un impur sédiment;  
Ainsi, pour ses plaisirs, le maître le réclame:  
Car il traite la pipe à l'égal de la femme,  
Et veut que l'une et l'autre, exempte de levain,  
Arrive à ses baisers en passant par le bain."§

Which verses I would present in the subsequent English dress, adhering closely to their spirit, without pretending, however, to confine myself to a strictly literal translation of every expression:

The Seignior of the East is truly blest,  
By slaves attended as he lies at rest;  
Some at his side rich floods of Mocha pour,  
Till with their extasy his soul runs o'er;  
Others obedient, waiting at his feet,  
The hookah bring to make his joy complete.  
Wond'rous invention, first by wealth bespoke,  
To cool for luxury the heated smoke,  
To make it slow through scented waters pass,  
And cool itself in twisting tubes of glass—  
Quit what's impure, and all that's acrid leave,  
So that the lord shall only bliss receive.  
He makes his hookah equal to his wife,  
Both his mere adjuncts of voluptuous life;  
Pure from the bath, perfum'd, and full of grace,  
Both meet his kisses and his warm embrace.

But the voice of medical men is not unanimous in favor of the pipe; some there are who think it more injurious than the cigar. Dr. Bous-

\* Boston Medical and Surgical Journal, vol. xx. p. 267.

† Ibid. vol. xxix. p. 162.

‡ Ibid. vol. xxix. p. 162.

§ L'Art de Fumer, ou la Pipe et le Cigare, canto i. p. 13.

siron, of Paris, in a recent monograph on the Action of Tobacco on the Health, asserts that the cigar offers the most simple, commodious and proper method of smoking; that it neither injures the lips or teeth so much as the pipe; that it is less stinking, has fewer *fuliginosités*, does not so much set the teeth on edge, and causes less spitting.\* The same author observes that smokers in the humid regions of the north, die of anasarca and dropsical complaints, while in France, according to him, their maladies are desiccation, consumption, scirrhus hardening and cancer of the stomach.†

The fascinations of the pipe and cigar are so great that Robert Macnish, who has written so finely upon the various kinds of intoxication and deplored their existence, is constrained to say respecting smoking, that its attractions are "quite enough to render the habit too common to leave any hope of its suppression, either by the weapons of ridicule, or the more summary plan of Sultan Amurath."‡

*Snuff-taking* is attended with similar effects upon the system as chewing and smoking, together with an augmented secretion of nasal mucus. In new beginners the irritation it excites in the Schneiderian membrane causes sneezing, but when the habit is confirmed this effect entirely ceases. The sense of smell is diminished by snuff, and the tone of the voice materially altered. It impedes the respiration and is prejudicial to the complexion, which makes it the more surprising that women who are willing to make almost any sacrifice or exertion for the sake of beauty, should persist, as many of them do, in a habit which deprives them of that without which they cannot be beautiful. It is said likewise to increase the volume of the nose, and to render it conspicuously rubicund. Nasal catarrh, coryza, ozæna, lachrymal fistula, polypi in the nasal fossæ, cancer of the nose, and a host of other inflammatory and ulcerous maladies, are charged to the use of snuff.§ It is asserted that it especially gives rise to nervous tremors or shaking of the hands, and the writer who makes this statement tells us, that when Dr. Franklin was at Paris with Sir John Pringle, he begged this gentleman to observe that the complaint was very common to those persons who partook of snuff most freely. Sir John, who was himself an inveterate snuff-taker and afflicted likewise with the complaint, abandoned the habit, and not only caused the disappearance of the tremors, but recovered the "perfect exercise" of his memory which was before defective!|| Dr. Lanzoni gives a case of apoplexy which he supposes arose from the excessive use of tobacco in the form of snuff, or, as he expresses it, "*ex nimio usu subtilissimi pulveris, vulgo dicti tabaco spagnuolo.*" He first fell into a state of somnolency, which finally passed into lethargy, causing his death on the twelfth day.¶ Pereira, however, says of this and other cases, "reasonable doubt may be entertained whether these accidents really arose from snuff."\*\* Cullen says, "Among

\* De l'Action du Tabac sur la Santé, &c. p. 69.

† Ibid. p. 65.

‡ The Anatomy of Drunkenness, p. 75.

§ De l'Action du Tabac sur la Santé, &c. pp. 44, 46, 47, 48, 50.

|| The Journal of Health, vol. i. p. 38.

¶ Acta Physico-Medica Academiæ Naturæ Curiosum, &c. vol. ii. p. 179.

\*\* Elements of Materia Medica, &c. vol. ii. p. 317.

other effects of excess in snuffing, I have found all the symptoms of dyspepsia produced by it, and particularly pains of the stomach, occurring every day.”\* If some of the snuff is carried from the fauces down into the stomach, this author says (*ubi sup.*) it then “more certainly produces the dyspeptic symptoms mentioned.” Dr. Prout observes, in a similar vein, that the “severe and peculiar dyspeptic symptoms sometimes produced by inveterate snuff-taking are well known; and I have more than once seen such cases terminate fatally with malignant diseases of the stomach and liver.”† On the other hand, a writer of great and deserved celebrity upon therapeutics, Dr. Pereira, says, “The habitual use of snuff blunts the sense of smell, and alters the tone of the voice; but I am unacquainted with *any other* well ascertained effects.”‡ The physician of Topsfield, whom I have before cited, says, “That snuff affects the voice, will not be denied; but it is a question whether the *power* of the voice is affected, even by snuff. The voice takes an unpleasant sound, owing to the nasal passages, as I view it, being thickened and closed by the continued stimulus of snuff.”§ Dr. William Salmon attributes apoplexy to its use, and observes, “I am confident more people have died of apoplexies, since the use of snuff, in one year, than have died of that disease in a hundred years before; and most, if not all, whom I have observed to die, of late, of that disease, were extreme and constant snuff-takers.”|| This assertion, however, bears the marks of exaggeration so distinctly on its face, as to render a formal contradiction, in that respect, unnecessary.

A more pernicious habit of using snuff prevails than that of taking it by the nose—I mean chewing it, and this is mostly prevalent among females of the *haut ton*. Dr. Caleb Ticknor says the custom exists in New York among ladies of the “highest respectability,” and that they use an ivory spoon to feed themselves.¶ If chewing tobacco is injurious, there can be no doubt that chewing snuff is much more prejudicial, because the powder can be far more easily mixed with the saliva, and being more extensively applied to the surfaces of the tongue and mouth, affects the nervous system more and is easier absorbed. A Philadelphia physician says, “We have seen wretched creatures victims to this habit, who, in their haggard countenances and blood-shot eyes, are little better, on the scale of suffering, than the opium-eater described by Dr. Madden.”\*\* It seems to me reasonable, that of all methods of using tobacco, snuff-chewing should be the worst, and the habit obtains, so far as I know, no apologists. Snuff-taking, indeed, in the usual manner, appears to find less favor among writers and physicians than chewing and smoking; but after a review of their opinions, and an examination of the results attending my own experience and observation, I am not able to satisfy myself that it is more pernicious than the other popular modes of

\* A Treatise of the Materia Medica, vol. ii. p. 168.

† On the Nature and Treatment of Stomach and Urinary Diseases, p. 25.

‡ Elements of Materia Medica, &c. vol. ii. p. 317.

§ Boston Medical and Surgical Journal, vol. xx. p. 248.

|| Sephorum; or Complete English Physician, or the Druggist's Shop Opened, p. 1141.

¶ Philosophy of Living, chap. iv. p. 112.

\*\* Journal of Health, vol. i. p. 299.



consuming the weed. As regards their ability of being indulged without injury and their effects on the constitution, I think the three methods may fairly be placed very nearly on a level; or if any scale of comparison should be constructed, chewing might be considered as capable of doing the most harm and smoking the least.

Lord Stanhope makes the custom of snuff-taking the subject of a calculation rather too strained and precise to give rise to other reflections than those of ridicule. He computes that in forty years a snuff-taker consumes two years in tickling, and two more in blowing his nose!\* Macnish thinks Napoleon, who was a profuse snuff-taker, owed his death in a great measure to this substance.† It occasioned the death of the poet Jean de Santueil in a singular manner. The Duc de Bourbon, at a supper where Santueil was, caused him to drink a glass of wine into which he had clandestinely put a quantity of Spanish snuff. A complaint of the stomach and bowels was the consequence, which proved fatal in fourteen hours.‡

STEPHEN J. W. TABOR.

*Shelburne Falls, Ms., Dec. 24th, 1845.*

#### REMARKS ON DISEASES OF THE WEST.—NO. I.

[Communicated for the Boston Medical and Surgical Journal.]

It is now some seven years since, after having received the honors of my *ALMA MATER*, at the literary emporium of America, and seeing the profession was well crowded in that section of country, I, like many other youthful aspirants, sought the Far West as a place to commence my career in the healing art. And after a close and unremitted application to the duties of the profession for so long a time, I now attempt to delineate something of the diseases and medical practice in a new country.

Hundreds of our young and enterprising medical men are annually emigrating to the West, to commence practice in a new climate, and among new and strange diseases—diseases of the character of which they have no just conception, and consequently can form no proper and efficient plan of treatment. It is no unusual thing for such young men to come to this country, and commence practice under the most flattering auspices, having, they think, all the necessary education, for they have duly spent the required number of years in studying the rudiments of pathology, and all the conflicting theories of the schools, and have seen considerable of clinical practice at the East. But how soon is their most sanguine hopes and anticipations blasted; although they are here never at a loss for patients or practice, for go where they may, hardly a summer or autumn passes by, but what affords sufficient sickness to keep every one employed that gives himself the name of physician. And here lies the fault of young physicians, as well as some old ones, on coming into a new country; they do not discriminate between the diseases here and

\* *Miscellanies, or Prose and Verse*, by Stanhope and Harcourt, p. 419.

† *Anatomy of Drunkenness*, p. 73.

‡ *Biographie Universelle, Ancienne et Moderne*, &c. tom. xl. p. 370.

what they have been accustomed to; and so treating, at first, our diseases according to the letter of the books, they experience the sad mortification of losing a large number of their patients, and thereby obtain a bad reputation, and are compelled to move and re-locate, or else abandon their favorite object of pursuit. In this manner, I have known many young physicians, well qualified as far as theory and a good preparatory education were concerned, almost discouraged, because they happened to lose a large number of patients for the first season of their practice in this new country.

I do not know, Mr. Editor, in what way I can confer greater benefit on the profession, and through them, in all probability, on a large number of our fellow beings, than by devoting a few numbers in your Journal to the character and treatment of the diseases of the West. Having had an extensive practice for six years in a large scope of country, on the borders of Spoon River in Illinois, and one season (the present) in a section of country nearly approaching the head of Lake Michigan, comprising the counties of Lake and Porter, in Indiana, and La Salle, in Illinois, where the number of patients for the season whom I have visited and prescribed for, has exceeded four hundred, without wishing to assume anything more than what has been the result of such an experience combined with a close observation, it may readily be supposed I shall be able to communicate some facts and incidents, which will be interesting to the student and medical man in the East.

The diseases of the West, for the most part, come and recede according to the variations of the seasons, and the changes of the elements; and to a close and scrutinizing observer, can be easily accounted for, and their approach pretty accurately foretold. Our rivers are almost annually overflowed, either by the great thaw and breaking up of winter, or the vernal rains, or frequently both combined, which cause a dense body of alluvial matter to be added to the already abundant mass of virgin soil. As the waters recede, exposure to the penetrating power of the summer's sun causes an exhalation of *miasm* which fills the air with a stench, on the borders of the streams, at least, hardly supportable. With the exception of a few cases of vernal intermittents, which I consider are more generally the latent seeds of disease of the previous year, which have lain dormant in the system, and which are now developed, perhaps by exposure to humidity, or the sudden changes to which our climate is subject, we have generally a time of uninterrupted health until July or August, when the sun has poured its sultry heat and exhausting influence upon the earth for several months. As far as my observation extends, the mere exposure to wet, even the frequent wading in water, does not seem to cause any unusual degree of sickness, when the weather is not sultry and the heat of the sun not intense. When the sickly season commences, it is sudden and rapid, and, as a general thing, confined to the settlers on the river borders. Here, then, is conclusive evidence of malaria contaminating the whole atmosphere.

What, then, is the physician to treat, when called to the bed-side of a sick patient? He has to treat a case of poison. For, be it understood,

the diseases universally, at the commencement of the sickly season, are fevers of a bilious grade, complicated in all cases, more or less, with congestion and general derangement of the abdominal viscera and secretions. As much as it may be the case, that the diseases of the pure climate of New England are generated in the body, here it seems, generally, diametrically the reverse. Nearly every case of fever is preceded by a chill, of longer or shorter duration, according to the amount of poison inhaled, the contaminated state of the sanguiferous system, and the functional or organic derangement which has already taken place. Reaction may consequently be violent or mild, may assume a continued form and become inflammatory, or prove periodical, forming what is termed the remitting fever. Continued or inflammatory fevers will be general some seasons, and at others, though fevers are as much prevalent, they will be almost universally periodical, or remittent. Here, again, is another evidence of the subtle nature of the poison of those diseases which are with the utmost propriety termed miasmatic. In the remitting form, if the physician see the patient during the chill or the cold paroxysm, he will find him, perhaps, with a pulse hardly perceptible, weak and thready, and apparently indicating great debility; his countenance is livid, features ghastly, extremities and often the whole surface of the body cold; a sighing disposition for breath, and great difficulty of breathing. He complains, if sensible, of feelings of oppression at the epigastric region and a sensation of heaviness. There are often retching, vomiting and yawning; and great restlessness and uneasiness are manifested, so that the patient can hardly lie quiet in bed. In the more aggravated cases, however, the patient may lie in a stupid manner, showing great oppression of the cerebral organ. Of all the diseases which are common to the West, the symptoms above described are more calculated to mislead the young and inexperienced physician than any other, and they serve to try his judgment and determine his future success. It is in such diseases, that quick discernment, close scrutiny and good judgment are required; and let me here advise the young physician to throw aside all theories, and depend solely upon his own judgment and ability. The hideous phantom of debility has misled more young physicians than any other obvious symptom that can be conceived. In forming his diagnosis, in a case like the one just detailed, let the physician ask himself, as he stands by his patient, what is the cause of this evident state of debility? Is it direct or indirect debility? This is the important question to be solved. Let me then say, that in all such cases as the one above described, the debility is indirect. The system is oppressed; the vital organs are crowded with a load of blood as viscid and black as tar. Let me remind the young physician of another fact which many seem to forget; that is, the chill or the cold paroxysm in which the patient is found, is not the disease, it is only an evidence of disease. It is self evident, that nature always labors to resist disease. When the vital functions are deranged, and the organs of life obstructed so that they cannot perform their office, a chill comes on, which indicates that nature is overcome—it discovers the state of oppression, the degree of poison the sys-

tem is laboring under. Now if the inherent power to sustain a balance is sufficient, nature gains the ascendancy, and soon manifests it by reaction, which is the hot or febrile stage. According to my view of the case, the fever or the hot stage is only to be looked upon as another evident symptom of diseased action, which must be sought for, and the cause must be removed as speedily as possible ; for if the current of disease is allowed to gain upon the system, and its periodical manifestations again and again to take place, the circulation will at length become so obstructed and so low, that reaction, with the assistance of stimulants and all that the medical art can do, cannot be produced, and the machinery is at once wound up. I have seen many patients die in this appalling manner, when neither they nor their friends had apprehended any danger before the fatal paroxysm, or even the necessity of calling the physician.

It can hardly be supposed that a sufficient quantity of miasm is inhaled at any one time to produce such disastrous consequences. Where, then, is the first diseased action, and where is the seat of such a state of disease as has been described ? A number of cases of autopsical examinations, which I have witnessed, have discovered the liver, in the first place, to have received the onus of the poison ; its secretions for a length of time have gradually become bad, the bile has become thick and viscid, the ducts have become obstructed, and the bile has literally become dammed up in the liver, so that in nearly every case of death from congestion, that I have witnessed, the liver has been found of twice its natural size. This is but a small part of its mechanical obstruction to the system. After it obtains a certain engorged state, the blood, in consequence of the bile not being secreted, is gradually becoming thick ; it loses its specific vital properties, and after repeatedly becoming contaminated with the miasmatic poison, it is unfit longer to send forth its life-giving energies. Some unobserved cause produces a disturbance of that nice balance, which more than human skill devised, between the arteries and the veins, and a consequent sinking and chill come on. Under this view of the case, what is the general plan of treatment to be pursued ?

No specific plan of treatment, as adapted to every case, can be devised. It must be modified, by the judgment of the physician, according to circumstances, and the present symptoms of the case ; for what might be a severe and dangerous attack in one patient, will be borne without suffering or alarming effects by another. But in all cases, the object to be kept in view is—first, to produce re-action and sustain the patient from sinking ; and then the physician should give an antidote with a deobstruent. To accomplish the first, heat must be applied both to the extremities and the whole body, when the cold stage is great, and the disposition to sinking strongly marked. Sinapisms of strong mustard must be applied over the thorax and abdomen ; and some diffusible stimuli, such as æther, brandy and camphor, must be given frequently, in considerable doses, until there are evident signs of full re-action. The patient must be supported by the stimulants until the circulation becomes uniform, and the system is relieved from oppression ; for should the physician cease giving stimulants too soon, fearing re-action may be too vio-

lent, the patient would again sink, and, in spite of all his efforts, could not be again raised up. Let him apprehend less danger from increased action and undue determinations subsequently, than from the cold and sinking stage. The physician in a new country should constantly keep with him strong flour of mustard, spirits of terebinthina, and powdered camphor. He must not depend on finding these articles in possession of his patient, for most settlers in a new country make but little preparation for sickness. As the next step in the plan of treatment, sulphate of quinine must be given, with large doses of submuriate of hydrargyri; for an adult six or eight grains of quinine, combined with forty, sixty or eighty grains of the submuriate. If the calomel does not prove actively cathartic, in the course of three or four hours, some laxative, such as castor oil, infusion of senna, or the neutral salts, should be given. The use of quinine should be persisted in, without any reference to the calomel, in smaller doses every two hours, for twenty-four, thirty-six, or forty-eight hours, until copious bilious stools are procured, the liver and gall-bladder disgorge, and all symptoms of a periodical disposition to chill are subdued.

ANDREW STONE, M.D.

*Crown Point, Lake Co., Ind., Dec. 12th, 1845.*

#### BROCCHIERI STYPTIC.

[ALTHOUGH the public papers are freighted heavily with admiration of a reputed great discovery made by one M. Brocchieri, who is represented to have distilled a mixture of herbs, the product of which heals up a wound in the carotid artery in twenty minutes, we do not hesitate to declare our utter disbelief in the statements. Not to be in the rear of other Journalists, however, in heralding whatever purports to be important scientific intelligence, a synopsis of the reputed virtues of *L'Eau Brocchieri* is here given. If it were not described as being a sovereign remedy for so many physical liabilities and ailments, our organ of wonder might have been excited into more activity. As the history of the discovery now stands, it is wholly at variance with nature's laws and the established processes by which she conducts all vital operations. The following is represented to be a statement of M. Blanqui, of Paris. Other experiments are also detailed, with portions of a report of a committee of the Society of Medicine of Paris, in its favor, and assertions respecting its cure of rheumatism, cancer, asthma, &c. &c., but which it is unnecessary to publish till something more authentic reaches us.]

We assisted a few days since at a series of experiments of a very remarkable character, which seemed to place beyond all question the efficiency of an anti-hemorrhagic fluid, discovered by M. Brocchieri, a Neapolitan chemist. Whatever may be our habitual prejudices against all kinds of miraculous waters, we cannot refrain from stating here the decisive facts of which we have been the witness. They are facts which by their importance appear to us to be worthy of the deep attention of the medical world.

M. Brocchieri has discovered a fluid which appears destined to put an end to many of the embarrassments of surgery, and to render immense services to humanity. This fluid, of which the secret rests with the inventor, is the result of the distillation of several vegetable substances. It is perfectly clear and limpid, has an odor of tar, and a slightly acid taste. It can be drunk with impunity, the inventor having drunk a large glass in our presence.

In the experiments made before us, the operator opened the carotid artery of a sheep. The incision necessary to discover the artery produced a hemorrhage which was immediately arrested by the application of the fluid. The wound remained clean, a little sanguine, of a rose color, and the blood ceased to run from the veins which had been divided. The knife was then put into the carotid artery, and the blood spouted over the pavement. This was the critical moment. A small portion of lint, saturated with the water, was placed on the wound, and without bandage or compression remained twenty minutes. The sheep was then suffered to go at large, and immediately began to gambol about the slaughter house, where the experiment was conducted, and eat hay with avidity.

The wound was examined with attention. It had no blood upon it, was open, and the edges covered with a sort of cuticle, thin and semi-transparent. For the greater satisfaction of those present the sheep was killed, and the perforated artery carefully dissected. The cellular tissue was of a dark red in the neighborhood of the perforation, but it was firm: it had become, in a manner, fibrous, the two edges of the wound being firmly soldered, as it were, by a peculiar composition, elastic and tenacious, which had consolidated them, so that they could not be separated without destroying the artificial tissue which had united them.

It must be that the liquid employed by M. Brocchieri exercises a peculiar influence upon the blood, decomposing and recomposing it, so that it serves to heal the wound from which it issues. There is formed by the operation of this fluid upon the separated bloodvessels a solidification of the blood, which acts as a kind of solder, and heals the wound in a few minutes.

M. Brocchieri states that, under the influence of his fluid, the wound heals without inflammation or suppuration; a sort of animal vegetation, sudden and permanent, takes the place of what is called, in surgery, fleshy pimples. It is the blood which furnishes the base of this animal vegetation—of which the theory is yet to be discovered, but of which the existence is incontestable.

It is easy to conceive of the vast importance of this discovery, if physicians will carefully examine the matter, and give their experience of its application. The greater part of the amputations will cease to be mortal—the compression, the tourniquet, the ligatures, the gangrenes, will become more and more rare. In the field of battle, it will save thousands of the wounded, and will not be less useful in the hospital.

Similar experiments took place before MM. Amussat, Lisfranc and Perizet, with equally conclusive results.



## ON HYPOTHESIS IN MEDICINE.

From Dr. H. J. Bigelow's Address before the Boylston Med. Society of Harvard University.

BUT such mental efforts precede the discovery of every law in science. Every discoverer forms his hypothesis, and tests it by the truth ; if the facts are numerous, the inductive method, with its tabulating machinery, offers the surest and the shortest test ; if, on the other hand, the facts are few in number, especially if a law of cause is being tested by laws of phenomena, which then bear to it the relation of simple facts, I doubt if philosophers commonly have recourse to Bacon's tables ; but the process still embodies the soul of the inductive method. It is induction with its tablets in the memory, an analysis far more subtle than the gross elaborations of material tables, but subject to the imperfections of the memory. In proportion as the facts are numerous, or extended through a long period of time, impressions are distorted and effaced, and results become inaccurate. It is this induction of the mind which accumulates what is called medical "experience" ; and it is the multiplicity of facts which makes it so inaccurate. Apart from the results derived from the experience of others, medical experience is preceded by hypothesis. Unless the observer has no aim or object in his experiments, he wishes to ascertain something ; the frequency of a symptom, or the effects of a remedy. His first few experiments give him a leaning to one side or the other, inappreciable though it be, or even disowned by himself. This is his hypothesis, and he goes on to correct or verify it.

All individual experience in life is summed up in hypothesis of future probabilities. By original experience I mean that which is not communicated to us by others : the philosopher has his hypothesis of the laws of the mind ; the burnt child has his equally stringent hypothesis of the action of caloric.

In a word, hypothesis in its wide sense is based upon experience ; it is the sum of past knowledge aggregated, with a view to its bearing upon future knowledge. From the wildest theories of Kepler, to which he was pointed by some hand invisible to other eyes, down to the most inevitable results of accumulated facts, all is hypothesis in its bearings upon the future and the unknown. I am aware that such a view leads to the acknowledgment of an hypothesis of cause based upon experience ; but if we are sure of anything, if we know that a material mass will feel the influence of gravitation, are we not infinitely more certain of the truth founded upon all we know of constant and seemingly necessary precedence in the material and the immaterial world.

Hypothesis is drawn from few facts, and applied to many. It is experience of the past pointing to the future. But as there are some men who buy their experience in life dearly ; who can take no hint ; whose unyielding intellects are not to be impressed by the contact of occasional or inconsiderable truth, so there are minds in science whom no flash of revelation can arouse. The ability to detect scientific truth upon slight indications, marks the genius of the observer. Dullness may detect



truth, as the uneducated peasant stumbles upon a rich vein of ore ; but the true discoverer studies the dip and succession of the strata ; his quick eye detects the " lead blossom " which the metallic salts have nourished ; and he sinks his shaft upon the mineral.

Do not suppose a mind like Louis' ever piled up medical facts, unless to instruct his followers, without some intention, expressed or unexpressed, of investigating them in some special point of view ; and even had he thus amassed ten accurate cases of typhoid fever, is it possible the common lesion should have escaped his notice ? No ; it became in his mind the hypothesis, which the tables of Bacon then tested and confirmed. In observation of details, hypothetic laws of phenomena, or cause, are thus forced upon our notice. It is the nature of the mind to recognize them. If they are imaginary, subsequent induction will demonstrate their fallacy. And while the perception of these simpler laws is inevitable, I would ask whether, in the discovery of more complex laws, the paucity of facts does not compel the assumption of tentative hypothesis, based upon slender evidence ? Could the laws of Kepler of the theory of gravitation, or of luminous undulations, have been evolved by the machinery of any set of tables ? I think not. There were not facts enough to accumulate the common element in quantity sufficient to make it obvious. Its nature was only suspected ; it was taken from elsewhere ; it was supplied by the mind ; its powers were tested, and it was found to account for the phenomena.

The ready detection of this common element, it has been said, distinguishes the genius of the observer. It is talent of a high order. It is a power which at one effort embraces a wide range of knowledge ; whose glance takes in the whole ; it has a breadth of view which seizes and distributes details in all their vastness ; it perceives similarities in the remotest facts ; it intuitively grasps their hitherto unknown relations, and unites them in the bonds of obvious, though startling truth. It is the true wit of science, akin to one of the high characteristics of active intellect, which sees and combines dissimilar ideas in new and sudden relations.

All great observers have possessed this talent for the perception of remote analogies. Of Bacon, who probably did not appreciate its value, Macaulay has said : " He possessed this faculty, or rather this faculty possessed him, to a morbid degree. When he abandoned himself to it without reserve, as he did in the '*Sapientia Veterum*,' and at the end of the second book of the *de Augmentis*, the feats which he performed were not merely admirable, but portentous, and almost shocking. On those occasions we marvel at him, as clowns on a fair-day marvel at a juggler, and can hardly help thinking that the devil must be in him."

The mind of Newton, sensitively alive to the slightest suggestion of nature, endowed with an exquisite scientific tact, seized and followed up her merest intimations. Through long ages she had hinted to philosophers in the falling leaves of autumn ; in despair she had cried to them in the tumbling rocks and roaring waterfall ; but, toiling with the barren

abstractions of theory, they heeded not her voice. In the falling apple Newton read her wish, and said,

"Malo me—petit—puella  
Et fugit ad salices, et se cupit ante videri;"

and he followed her and knew her mystery.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 14, 1846.

*Smallpox and Vaccination.*—The following questions have been submitted to the editor by a correspondent.

"1st. Do you think it necessary that an individual should be vaccinated more than once in the course of life, provided we are *certain* that he had the *real vaccine disease* in the first instance? 2d. If so, how often; and do you think that frequent vaccination will prevent a person from having the varioloid, if exposed to the smallpox? 3d. Will a person who has had the vaccine disease, take the *varioloid from the varioloid*? 4th. Will a person who is not protected in any way, take the *smallpox from the varioloid*? 5th. At how early, and at how late, a period will it do to take virus from the arm, to be used again, and does it make any difference whether it be taken from a child or from an adult, provided they are both healthy?"

To these interrogatories we give the following answers as the result of our experience. 1st. As the question is stated, there is no reason why the operation should necessarily ever be repeated. 2d. Varioloid is exhibited only in persons imperfectly vaccinated; that is, the virus is purulent, or has undergone changes by age and atmospheric exposure, which leave a susceptibility to receive smallpox, but modified by the partial constitutional influence that even deteriorated matter exerts on the system. 3d. Yes, if he had the vaccine disease imperfectly. 4th. Yes. 5th. It may be taken as early as the sixth day, but never later than the eighth or early part of the ninth. Much of the bad virus, and therefore imperfect vaccination, is from matter taken later than the eighth, viz., the ninth, tenth, and even twelfth day—especially when performed by all sorts of persons, with pins, needles, &c. By common consent, a child is considered the best source from which to procure virus.

*Healthy Skin.*—Messrs. Appleton & Co., New York, have recently published "A Practical Treatise on Healthy Skin, with Rules for the Medical and Domestic Treatment of Cutaneous Diseases, by Erasmus Wilson, Surgeon, &c." It is an admirable work, which must be well received by those who are at all ambitious to understand a subject of such importance as the diseases to which the skin is incident. Under the very best auspices, every candid physician is generally ready to acknowledge his inability to manage many of them, with any degree of certainty. There are a series of steel engravings, illustrative of the anatomical struc-

ture of the different textures, and such parts as necessarily require elucidation, from their intimate association with the skin, that enhance the value of the author's researches. A beautiful and accurate magnified section of the minute architecture of a wart, a corn, the various orders of hairs which cover the body, and other things, both curious and useful to the student and the every-day practitioner, give additional importance to this volume. There are 18 chapters, embracing every conceivable form or phase of alteration in the dermoid textures, and abounding in observations which have an important practical bearing. The style is neither labored nor over-done, but natural, and therefore easy of comprehension. Copies in Boston are to be had of Jordan & Wiley.

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*Churchill's Midwifery.*—Presuming that all well-read practitioners are conversant with the excellent writings of Dr. Fleetwood Churchill on Midwifery, a principal object of this note is to announce a second American edition, altogether superior to the first one. Messrs. Lea & Blanchard, of Philadelphia, have brought out this edition, comprising 552 pages, accompanied with notes and additions by Robert M. Huston, M.D. There are one hundred and twenty-eight illustrations from the drawings of Bagg and others, engraved by Gilbert. If anything could give additional value to a professional work by Dr. Churchill, these would do it.

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*Hoblyn's Chemistry.*—A truly valuable little manual, with a modest title, by the author of the "Dictionary of Terms used in Medicine," has been furnished to the profession and all others who have an interest in the beautiful and extraordinary science of chemistry, by S. S. & W. Wood, New York. As a whole, it is comprehensive, and yet by no means tedious. For common schools it would be admirable for teaching the first principles of chemistry. For all orders of students, it must be also a ready and pleasing bibliographical companion.

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*A Golden Palate.*—Reference has often been made, in this Journal, to the extraordinary dental skill of Dr. Joshua Tucker, of this city, distinguished for his ingenuity, under trying difficulties, in patching and mending imperfectly developed or broken and decayed organs of the human frame. Within a few weeks a young man from Connecticut was placed under the care of the brothers, Drs. Tucker, in Hamilton Place, with a view to having some remedy, if possible, from art. The patient was minus not only a part of the hard palate, but also the whole of the velum palati. In looking into the throat, there was seen no valve, nor even the fragment of one, to hide the posterior openings of the nasal cavities. A very defective articulation, therefore, necessarily existed. They first constructed a hard palate, of gold, which was admirably adjusted. On the posterior margin of that, was an artificial valve, of India rubber, attached to the inner edge of a spring, somewhat resembling, in form, the letter V. Instead of being in one single piece, it was constructed of strips, which allowed one to slide over the other, and resembled the feathers in a pigeon's tail, when spread out. So nicely was this part of the mechanism fitted to the ragged muscular walls on the anterior

boundary of the pharynx, that when finally introduced to its place, it was grasped by the apparently loose extremities of the muscles, and the fan-like valve moved by them, very much as the natural one is narrowed or widened in every well-formed throat. By this curious device, the description of which falls infinitely below what is due to the ingenuity of the gentleman who contrived it, a modification of the voice is produced, that must ultimately prove of invaluable service to the person for whom it was constructed. After a little practice, we can discover no reason why he may not articulate with a distinctness that shall be perfectly satisfactory to himself, and without having it at all suspected by others that a congenital malformation of an essential part of the vocal apparatus ever existed.

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*Worm in an Abscess.*—Dr. Henry Bigelow, of Derne St., informs us that a boy, 9 years of age, has been under his care with an extensive superficial abscess on the whole front of the abdomen. When opened recently, about one inch below the umbilicus, it discharged very copiously, for about three days; but on the fourth, the flow was checked. Pain ensued, and it was re-poulticed. On taking off the first poultice, a large round worm, eight or nine inches long, made its exit, alive. Very shortly after, the patient perfectly recovered.

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*Chart of Poisons.*—Dr. R. T. Crosby, of Manchester, N. H., has devised a tabular scheme of all the prominent poisons—chemical, vegetable, and animal. The articles are arranged in one column; and opposite each, in other columns, the symptoms produced by them are noted, the best known remedies, &c. As the popular names of poisonous articles are retained, instead of the chemical and botanical terms, the whole can be understood by all who can read. It is designed to be suspended for common observation, and is to be the guide in all emergencies by poison, till medical advice can be obtained. It is about being published, and whenever it appears, notice of it will probably be given.

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*Dr. Bigelow's Discourse.*—A few extracts are republished, to-day, from the discourse delivered by Dr. H. J. Bigelow, before the Boylston Medical Society, as a sample of his reasoning, good taste and accurate judgment. There is much to hope for the future from such promising indications.

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*Needle found in the Heart of a Cow.* By J. H. BEECH, M.D., of Gaines, N. Y.—About four years ago, Mr. Jas. Mather, of this village, requested me to examine the body of a cow which had just died, being in very good flesh. He had owned the cow about two years: she had been sick at short intervals during most of the time, and recently had appeared to be distressed for breath. I found in the pericardium two or three quarts of thinnish, purulent, *acid* matter. In taking out the heart, my finger was pricked with what I found to be the point of a large darning needle. I think its track could be seen from the œsophagus; it seemed to have entered the right ventricle just below the middle, had passed directly through, and was fixed across the left ventricle about through the middle, with the point sticking out on the left side  $\frac{1}{4}$  of an inch. There was slight hypertrophy of the walls of the ventricles; otherwise the organ ap-

peared healthy. Some congestion existed in a small portion of the left lung. These were all the signs of disease which I saw; the weather was very cold, and I was unable to make as close an examination as I would have liked.

I have the needle now in my possession; it is very much rusted, but the eye is still entire.

This cow had been fed on "slops" by a former owner, but not while in Mr. M.'s possession. I think she must have got the needle in that way, and that it had been in the body more than two years, and for a long time in the substance of the heart.—*Buffalo Medical Journal*.

*Medical Miscellany.*—There were 26 deaths by smallpox at Philadelphia week before last.—Dr. White, the Oregon delegate, is about returning again.—A paper called the Magnetist, advocating mesmerism, and edited by Dr. John Thompson, has been started at Richmond, Virg.—The anti-hemorrhagic fluid, discovered by M. Brocchieri, a Neapolitan chemist, makes a good text for professed paragraph makers.—Dr. S. J. W. Tabor, recently of Shelburne Falls, has become the editor of the Northampton (Mass.) Democrat.—A child was recently born near Detroit, without arms. The right leg stops at the knee, and has a foot which moves freely; the left leg is perfect to the ankle, but the foot is singularly clubbed. There are but four toes on either foot.

TO CORRESPONDENTS.—Dr. L. Woodruff's paper on Stimulants in Inflammation, Dr. Chapin's on Instrumental Delivery, and Dr. Chapman's on Intermittent Fever, have been received.

MARRIED,—At Salem, Mass., Dr. James Stone, Jr. to Miss E. Shreve.

DIED,—At Charleston, S. C., Dr. Lesigneur, the oldest physician in that city. He was a native of France, aged 84, and had practised in Charleston for over half a century.—At Richmond, Va., Dr. James McCan.

Number of deaths in Boston, for the week ending Jan. 20, 33.—Males 17, females 16. Stillborn, 9. Of consumption, 7—smallpox, 4—child-bed, 1—erysipelas, 1—scarlet fever, 4—infantile, 3—disease of the liver, 1—bronchitis, 1—lung fever, 3—hooping cough, 1—inflammation of the brain, 1—paralysis, 1—cancer, 2—convulsions, 1—dropsy of the brain, 1—old age, 1.

Under 5 years, 12—between 5 and 20 years, 3—between 20 and 60 years, 16—over 60 years, 2.

# REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 463 ft.

Dec.	Therm.	Barometer.	Wind.	Dec.	Therm.	Barometer.	Wind.
1	from 30 to 36	from 28.90 to 29.38	N E	17	from 21 to 40	from 29.28 to 29.40	N W
2	19 24	29.00 29.30	N W	18	33 40	29.25 29.35	S W
3	9 20	29.70 29.76	N W	19	33 36	29.13 29.16	S W
4	14 27	29.25 29.60	N E	20	19 27	29.29 29.37	N E
5	26 31	28.79 29.12	N W	21	13 20	29.12 29.16	N W
6	20 24	29.39 29.58	N W	22	15 24	29.26 29.33	N W
7	12 23	29.70 29.77	N W	23	14 27	29.57 29.66	N W
8	22 32	29.43 29.55	S W	24	11 28	29.79 29.83	N W
9	26 37	28.98 29.10	N W	25	21 28	29.40 29.53	N E
10	24 30	29.02 29.23	N W	26	21 22	29.45 29.50	N E
11	11 14	29.40 29.62	N W	27	15 28	29.38 29.48	N W
12	0 14	29.78 29.86	N W	28	23 36	29.23 29.30	S W
13	1 31	29.90 29.94	N W	29	27 42	29.20 29.30	S E
14	18 30	29.18 29.72	N E	30	30 36	29.16 29.20	N W
15	26 35	28.78 29.00	N E	31	13 22	29.40 29.58	N W
16	21 31	28.68 28.89	N W				

Range of the Thermometer, from 1° below 0 to 42° above. Barometer, from 28.68 to 29.91. Rain, 5.39 inches—Snow, 13 inches.

*A Suit for Medical Services by a Clairvoyant.*—In Justices Court, Poughkeepsie, N. Y., William Livingston *vs.* Henry S. Marshall. This was an action for medical attendance and services by the plaintiff and Jackson Davis, in the defendant's family, examining and prescribing for his wife and daughter. The bill claimed was \$50. The plaintiff proved his services. On the part of the defendant it was proved by the cross-examination of the plaintiff's witnesses, that Livingston and Davis doctored on the plan of medical clairvoyance. The mode was described by putting Davis to sleep, and that then he examined the patient and prescribed the remedies to be applied; that what he named was taken down by Livingston and invariably given to the patient; that all the examinations were made by Davis when in the mesmeric state, with a handkerchief over his eyes, and that Livingston made no examinations himself. The defendant then called witnesses who swore that they had examined (one of them Dr. Hughson) over 100 cases. That the person mesmerized could not tell the internal condition of a patient any better than a drunken man, or one in a half-sleeping, half-waking or dreaming state. Dr. Thomas testified that the whole system was a piece of fraud and humbuggery; and that upon ascertained principles no one can tell the nature of an internal disease by this mode, any more than to tell the fortune of a person by looking at his hand.

The witnesses further testified that this was no branch of the practice of physic and surgery. Some other evidence was given, but not very material. Mr. Thompson, counsel for the defendant, then summed up the cause, and contended,

1. That no action would lie for the wages of a misdemeanor; that the law will not enforce any such contract, expressed or implied.

2. That the pretence of prescribing for or curing disease according to the responses of a sleeping boy, is all jugglery by statute; and a misdemeanor, no judgment being exercised by the physician—1 Review, p. 745, s. 1.

3. That the consideration of the promise had failed, being a *fraudulent and false* representation of skill and ability to cure, &c.; a mere gambling device.

4. That it was not a branch of "physic and surgery," and therefore such services could not be made the ground of an action under the repealing statute of 1844, in relation to the practice of medicine.

Mr. Thompson gave the history of the various medical humbugs which have been adopted and exploded for the last 200 years, especially of the touch for king's evil; of the weapon ointment, in which case the wound of the patient was washed and the weapon carefully anointed with the ointment and laid away, which effected the cure; the tar water mania of Bishop Berkley; the universal catholicon; to which the counsel added the history of the delusion under Matthias, who had a mode of his own of whipping the sick devil out of his patients with a cowhide! The case was then, after an able speech from C. S. Corlis, counsel for the plaintiff, submitted to court, who decided in favor of the defendant, principally (it is said) on the ground of the deception and fraud of the system.—*Poughkeepsie Telegraph*.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 25.

## ON THE USE OF SEDATIVES IN ACUTE MANIA.

From Clinical Lectures by John Conolly, M.D., Physician to the Hanwell Lunatic Asylum.

IF I can rely upon my own recollection and notes of the numerous cases in this asylum, and in private practice, when I have taken every precaution to avoid error, I should say that the application of sedative medicines to recent cases of mania is of very limited usefulness. In the more chronic forms of the malady their efficacy is greater; and in many cases both of chronic mania and melancholia they are of the utmost service.

It seems to be in cases in which the pulse is soft and weak, the skin of moderate warmth, and the whole bodily condition of the patient languid, that sedatives are chiefly useful, by allaying nervous irritability.

As regards the medicine to be selected, in such cases, I have also to confess my inability to perceive the nice differences in the effects of the various and numerous preparations of opium of which I read, and which entitle any one of them to a constant preference. In ordinary practice we find their effects continually modified by idiosyncrasy; and this is equally or still more the case in mental or nervous disorders. With some patients laudanum acts with certainty, and like a charm; others derive comfort for long periods from the acetate of morphia; to some the liquor opii sedativus is alone tolerable; and so of the rest, for their continually increasing number testifies the frequent disappointment incidental to the use of those which went before. In acute mania, I give the preference to the preparations of hyoscyamus, and the ordinary dose of the tincture—the form in which we most commonly give this medicine—should be two drachms; or of the extract eight or ten grains. Indeed, whatever sedative is employed, the dose should be large. Less than a grain of the acetate of morphia is productive of no good effect whatever; and laudanum requires to be given in doses of a drachm, or at least of forty or fifty drops. I am speaking of acute cases, for in those of longer continuance use often makes much larger doses necessary. Whatever sedative is given, it is prudent, if the head is at all hot, to apply cold to the head by means of small napkins wrung out of cold water, or a double cap of thin materials, kept wet.

The Indian hemp, which has been lately introduced into English practice, seems to be a valuable addition to our means of controlling vehement nervous disorders. I believe there is very little of the genuine In-



dian hemp now in Europe, but if our observation of its effects in this asylum is not altogether erroneous, it must become an important article of commerce. Few practitioners are less disposed than myself to trust in the alleged powers of new medicines, or more difficult to convince of the actual effects of many of those of older reputation; but after some careful trials of the tincture of hemp, I feel justified in speaking well of it. It is chiefly useful, I think, in chronic cases, in which my own opinion of its good effects is strongly confirmed by the numerous trials made of it on the male side of the asylum by Dr. Begley; and on the female side by Dr. Nesbitt, and more recently by Dr. Hitchman, who, however, has observed that its effects are uncertain, and that when it does not produce sleep it causes pains and twitchings in the limbs. This is exemplified in M. A. P——, in the female ward, No. 10; and it suggests caution in the employment of the remedy. I have known the tincture of hemp useful, although less generally, in acute cases. In one, where the symptoms closely resembled those of delirium tremens, all the unfavorable characters of the disorder disappeared in two or three days, during which the patient took ten drops of the tincture every four hours, and no other medicine. In this, as in some chronic cases, it seemed greatly to increase or to restore the desire for food. You have noticed an active young man in the airing court of the refractory ward, walking quickly about with a kind of military air; he is convalescent from acute mania; too much mental exertion, too much care, and, taken for relief of this, too much opium, disordered his brain and interrupted his pursuits, which were those of a man of education. A difficulty existed in the way of giving him sedatives, in consequence of a vow he had made never more to take any of them. He knew the taste and smell of opium and henbane too well to be deceived into swallowing any; yet his irritable state seemed particularly to require some sedative appliance beyond leeches, aperients and the shower-bath. He was unacquainted with the taste and properties of the hemp, and it was given to him, in the form of extract, with such marked advantage that we consider his present favorable condition in a great measure to be ascribed to its use; and we now entertain no doubt of his entire recovery. In J. B——, a young Scotchman, not long maniacal, the medicine seemed to be equally beneficial. The dose of the extract given has been from one to two grains.

A drachm and a half, and sometimes two drachms, of the tincture have frequently been given in chronic cases of recurrent mania, and although generally with good effects, sometimes without any effect whatever. The tincture employed has been procured from the Apothecaries' Hall. Some tincture prepared from English hemp entirely disappointed us. The warm sun and warm soil of a tropical climate seem to be required for the development of the medicinal properties of the plant.

In those distressing cases, mentioned in a former lecture—in which mania comes on with symptoms of fever, and the patient is excessively feeble and yet extremely restless and violent at the same time, the tongue being coated and brown, and scarcely any food being taken—all sedatives seem to me to be useless, or worse than useless; and in every case

of acute mania it is important to avoid giving sedatives for a long time, or in frequently-repeated doses, as they either obscure the symptoms or modify without amending the patient's condition. In private practice I have met with cases in which patients had been kept more or less under the influence of the acetate of morphia for many months; and certainly with no good effect. Their repetition in increased doses, where they disappoint the first trials of the practitioner, may be followed by very distressing consequences; by wilder excitement, and rapidly increasing debility. To all the preparations of opium the general objection exists of their producing constipation, an objection to which the hyoscyamus is not liable, or the tincture of hemp. I do not pretend to mention everything in this short course; and it is unnecessary to occupy your time by separately discussing the merits of sedatives of minor power, as the belladonna, camphor, the tincture of hop, &c. Upon the whole, the most useful observation which I can make to you concerning the employment of sedatives in acute mania is, that their actual effects, immediate and remote, yet deserve attentive clinical study, and that the diligent observation of many intelligent medical men, resident among the insane, can alone elucidate the interesting question of their precise value.

If their administration in acute mania is as unsatisfactory as my remarks intimate, it becomes the more incumbent upon the practitioner to consider what tranquil influences, not included in the materia medica, he can bring to bear on the patient. Exercise in the open air is one of the best; and there are not many cases, in which, during some part of the day, it may not be permitted. If the patient can be trusted, he may be allowed to walk in an airing court for an hour, when no other patients are out; and if an attendant is required, or even if two attendants are necessary, he should be accompanied by them; and the exercise and air will help to cure his distempered brain. If the last walk is taken a little while before the patient goes to bed, still greater advantage may be obtained by it. The next remedial influence is that of a mind rendered quiet by the absence of everything that can disturb it; opposition, contradiction, reproof, all must be avoided: gentleness, patience, forbearance, must be perpetually exercised. These attentions assuage the irritability and unutterable anguish of many minds. Nor must ordinary methods of procuring mental relief by physical comforts be despised. A supper of pleasant food, and a glass of home-brewed beer, or porter, or Scotch ale, are sometimes productive of a better night than "poppy or mandragora, or all the drowsy syrups of the world." Their effect is often so much better than that of other sedatives, that it seems reasonable to ascribe it in some degree to the mental, and in some degree to the physical, satisfaction which it gives to the patient. A few days ago, I found a maniacal lady—who had very recently become insane, and was placed in a private asylum—struggling with the assembled servants, trying to run away, to undress herself, and to throw her clothes and the moveable furniture into the fire. There was no heat of the head, or whiteness of the tongue; the face was pale, and the pulse feeble. The only sedative at hand was laudanum, of which forty drops were given to her, and the dose was re-

peated in a few hours, with a great increase of violence. The next evening the patient helped herself to a large glass of excellent beer, intended for somebody else, and she had a tranquil night. After that the beer was given every night, and no other sedative; and the patient slept well, and improved rapidly.

In several cases at Hanwell, I have observed the good effects of some supper and beer, even in the chronic cases: and some remarkable instances of violently maniacal patients being tranquillized by Scotch ale given at bed-time, fully confirming the remarks long ago made in Mr. Tuke's work on the York Retreat, and which remarks have, doubtless, led to the mitigation of the lot of many a restless lunatic. Every body knows the occasional relief obtained, in states of exhaustion and irritability, by taking one or two glasses of wine; and there are patients whose paroxysms of mania are even relieved by what are ordinarily considered stimulants. The mind is, doubtless, somewhat acted upon in these cases by a sense of being indulged and confided in.

We observe in a great number of recent cases of mania that the patient is tolerably quiet all day, but restless and noisy all night. A few are maniacal in the day time, and yet at night sleep well. Some have an alternate noisy and quiet day. What the precise condition of the brain is in this recurrent state of agitation we cannot say, or easily imagine, for the ordinary symptoms really give us no information about it; the head and surface being often cool, the tongue clean, and the pulse tranquil. It has long been known, by those conversant with the habits of the insane, that many of them during these paroxysms of excitement have an aversion to lying down, and manifest a sort of instinctive avoidance of the horizontal position. If sedatives do not relieve this, and sleep is still denied to them, it is in vain to combat the mere results; and worse than vain to deprive the sufferer of the poor comfort of getting out of bed and walking about. The unquiet nights are a part of his malady, which for a time resists all our efforts; and the sleep obtained at intervals during the day is all that the state of the brain permits. Yet the general practice has been to fasten such patients to the bed. In our wooden bedsteads I have pointed out to you the places where rings or buckles were formerly fixed, at the foot, at the head, and at the sides; to these, straps were easily fixed, for the purpose I have mentioned, but the straps and the rings have disappeared. It was evident that such bondage did violence to an instinctive feeling which a physician ought to respect; and it was probable that it accumulated some additional and peculiar distress on the patient, which was only avoided when the recumbent position was refrained from. It was opposed, also, to the commonest experience of us all. There are few sufferings of the insane which have not transiently visited almost every sensitive mind; and on these visitations salutary sympathy has a part of its foundation in every breast. The temporary infliction of a state of the brain and nervous system which forbids sleep, is of all these the most common; and common sense and experience have taught us all how it is best relieved; to the insane alone, where this restless state is more aggravated, we deny the relief. Who

among you does not know, that in a long and restless night the best refreshment is obtained by getting out of a hot bed, and drinking cold water, and looking at the tranquil sky; or by reading a book, or by writing some of the thoughts which have kept us waking; or by walking about in a cool room until both mind and body become less irritable, and we can lie down in a state which permits the blessing of sleep to fall upon us. Ask yourselves, then, for what reason, or on what principle, the poor, fretted, heated, irritable maniac, who tosses about in his narrow crib, and cannot close his eyes, and whose active thoughts torture him, and who, therefore, gets up, and walks to and fro in his cell, should be forced back again, and tied down by strap or chain in a bed from which all refreshing slumber is driven, and all peaceful and composing associations? The patient's state is made worse by what he feels to be an injury and outrage; and it was by patients, thus fastened, that the cries and howlings, yet remembered by those who used to pass the walls of the ancient Bedlam, are described as having made night hideous. The patient can scarcely use his limbs, and he therefore shouts or sings with all his might; and he vents the bitterest execrations on all who come near him; for he feels that they come as tormentors, not as friends. All these symptoms, the creations of restraint, are adduced as apologies for its application and reasons for its continuance; and all good feeling between the patient and the attendants, and the patient and his physician, are at an end; if he recovers, it is not the result of treatment, but a happy and a rare escape.—*London Lancet.*

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#### THE PROPER APPLICATION OF STIMULANTS IN INFLAMMATION.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of inflammation has been the theme of many an essay, and called forth the opinion of many who have differed more or less both in regard to its nature and treatment. This diversity of opinion among medical men on a subject so important as the one under consideration, is a serious evil. It dampens the zeal of the student, and weakens the energy of the *young* (if not some of the *old*) in practice. Is it necessary that the evil should continue? Cannot the character of inflammation be so fully understood as that there need be no difference of opinion concerning it? If not, then may we despair of adopting any remedial means for its cure, which shall be generally acceptable. I am one of a class who believe in simplicity of diseased action, and consequently a simple yet efficient mode of adapting means for its correction. We have long been taught to believe that in inflammation there was *increased* vascular action, and consequently the measures recommended as necessary for its relief were supposed to be depletory or reducing. More recently, however, a new idea has been advanced concerning its theory, that is, that *diminished* vascular action is an important fact in its character. I am a believer in this latter opinion in all its length and breadth. It is quite clear to my mind that in all varieties of inflammation, *diminished* action

in the vascular system prevails. Although this fact has not been recognized in its theory, yet in the practice almost universally adopted the principle is established. Bloodletting, either *general* or *local*, is practised in many cases on the principle of reducing the supposed increased action. The result of the practice is good, though the reasons for it are founded in error. On the principle of diminished vascular action, the same benefit results from the practice, while the reasons for it are the *reverse*, that is, by diminishing the quantity of fluid in the over-distended capillaries and removing the *vis a tergo*, we enable them to recover their tone and thus render the remedy an indirect stimulant. We must recognize two classes of stimulants—the *direct* and the *indirect*—or, as some call them, sedatives. Contraction is the principal action of the bloodvessels, and, in the state of congestion or over-distension which exists almost uniformly in inflammation, this power is weakened. I think it an important and useful maxim that “diseases are cured by specific stimuli”—and the superior usefulness of one physician over another consists in his being better able to adapt the appropriate stimulant to any given disease. By this you will perceive that I hold to the doctrine that most (if not all) of our curative agents act either in one or the other of these classes of stimulants. Hence, by stimulant I mean any agent which increases the vigor and harmony of action throughout the system.

Many of the remedies classed as antiphlogistics act upon the principle of indirect stimulation. In many cases of external local inflammation, *direct* stimulants prove our most valuable resort. Chilblain (a very common disease at this season) is cured by the daily use of free bathing with *clear cold* proof spirit, followed by the use of ungt. citrini, as well as by any means with which I am acquainted. In ophthalmia, if the inflammation is increased action in the capillaries, why apply nit. argent., acet. plumbi, sulph. zinci, &c.? These surely are direct stimulants; and if the disease consists in increase of action, how is natural and healthy action ever to be established through their agency? In erysipelas we give emetics and tonics, and apply local stimulants. This surely is inconsistent if the essence of inflammation is increased action.

Now if it be true that specific or particular stimulants are our best remedies for *external* inflammation, why may not the same principle be found good in reference to *internal* inflammation? I know the greater difficulty of acquiring a precise knowledge of internal over that of external disease; but when known, is it not treated most successfully by the use of the particular appropriate stimulant?

Sanguinaria, as recommended in tracheitis by Dr. Allen, in a recent No. of the Journal, has in my own experience proved useful, and is, I believe, an appropriate specific stimulant in this disease. Deuto-chlorid. hydrarg., with infusion of seneka, is used successfully in the practice of one of my acquaintances. In pleurisy, venesection diminishes the *vis a tergo* by reducing the action of the heart, while antimony, nitre and ipecacuanha act as stimulants to the congestive capillaries, and thus aid in establishing healthy action. Reducing the action of the heart, which is the antagonist of the capillaries, by bleeding, stimulates them *indirectly*;

and the use of the appropriate stimuli *directly*, enables them to recover their tone. The principle for which we contend holds good when applied in the treatment of inflammation in all the various textures of the body, and consequently I need not cite particular cases.

The rule by which we are to be governed is to apply the remedy which is known to possess the property, either directly or indirectly, of stimulating the capillaries of the particular texture involved. By this I hope to be distinctly understood as opposed to an *indiscriminate* use of stimulants. This is the great cause, I think, of the opposition that exists to this class of remedies. By diligent inquiry into the peculiar action of each given agent, we shall find the appropriate texture and function to which it is applicable, and thus most surely and satisfactorily aid in the removal of disease.

L. WOODRUFF.

*New Britain, Ct., Dec. 31, 1845.*

#### CASE OF ANOMALOUS INSTRUMENTAL DELIVERY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have just finished the perusal of the extracts from Dr. Bedford's Introductory, contained in your Journal of the 7th inst., and am horrified by the case of embryotomy detailed by him. I am also painfully reminded of a case of ruptured uterus from turning, which once fell under my own observation, but which I refrain from giving, lest the community, the *idiotai*, into whose hands it might fall, should more vociferously exclaim, "*Procul*"

I wish to state a case of *instrumental labor*, managed by myself, not of the murderous or savage character of that detailed by Dr. Bedford; and of its necessity each may judge. It may prove a counterpoise to the horrifying influences of that case; and show that it is not always the *Doctor* who errs.

Near five years ago I was called out several miles, in haste, to visit a woman in labor. On my arrival I found her lying drenched in blood, pale and languid, and in a vessel under the bed there was not less than three to four pints of blood, which had passed from her during a single effort to make water. I was told that it was a miscarriage—that she was *four months along*. On examination, the blood was still pouring from the vagina, the os uteri sufficiently dilated, and encircling a portion of placenta, partly expelled.

Her situation seemed to require prompt action. I was unable to grasp the placenta with my fingers, and had with me no blunt hook. On a former similar occasion I had succeeded well with an umbrella brace bent into a hook, which luckily came to view in my extremity, but in this case one could not be found. *Necessity* led me on, and I whittled a small stick smoothly, some six or eight inches long, with some notches in one side near the end. I then introduced it carefully, between a couple of fingers, into the vagina, and placing the notched surface against the placenta on one side, I held it firmly with one hand, while with a



finger of the other hand, placed on the opposite side of the placenta, I was enabled to make pressure sufficient to extract it, and it came away entire. The flooding directly ceased, and the woman got up sooner than could have been anticipated.

The placenta, on coming away, was small, and no fœtus could be found. I expressed to the woman my opinion that she was mistaken in her calculations, and that she was not more than six weeks advanced. She, however, could with difficulty be persuaded, as, she said, she had "quickenened."

Several weeks afterwards, being in the neighborhood, I understood that the lady gossips said that "the doctor had missed his guess that time," and that "the shingle plan of delivering babies was not always sure." It was, in a word, stated that my patient was still *enceinte*. The report, of course, moved me, and I called on the lady to ascertain its foundation. She was considerably enlarged, having the appearance, externally, of being six months along (I think had cessation of menses); and was *positive* that she was still in the family way. I expressed to her my absolute belief that she was mistaken in regard to her condition, that her increased size was dropsical, and that the motions which she still continued to feel was the movement of flatus. She persisted, with some warmth, that she ought to know, for she had had one child, and she knew the difference between wind and kicks. Soon after this interview, she removed to a distance, taking somewhat circuitously the line of steamboat and railroad, that she might *lose nothing* by the journey. After the time of *her reckoning* had passed, I dropped a line to her husband, being quite desirous to know the sequel of the affair. In return he informed me that my opinion had proved correct, and that by a well-directed course of medicine his wife had been cured of dropsy, and was then in the enjoyment of good health.

A. CHAPIN.

*E. Abington, January 8, 1846.*

#### THE USE OF INSTRUMENTS IN DIFFICULT LABORS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If not every subscriber to your useful weekly, surely every parturient woman who shall fall into their hands, should be grateful for the extract, contained in a late No. of the Journal, from the introductory lecture of Dr. Bedford—particularly for that portion which relates to that most reprehensible practice of resorting to instruments in cases of labor. Time was, when the reputation of the surgeon increased in an exact ratio with the number and severity of the operations he performed. Happily for the honor of the profession and the good of mankind, at the present day his reputation depends more upon the *cures* performed than the mutilations he can effect. Why, then, does the reverse of this state of things exist in obstetrical practice? How does it happen, while the country practitioner "travels on, in the even tenor of his way," and delivers his hundreds, and in many instances his thousands, unaided by the use of



instruments, that in city practice these *agents of evil* are so frequently resorted to? So constant, indeed, is their use in the practice of many, that one would almost be induced to censure the Author of our existence, for not having appended a pair of forceps to every female form, to be ready for sudden emergencies.

It has seemed to me, that, could the statistical facts, in possession of the numerous individual subscribers to the Journal, pointed to by the following interrogatories, be collected, and a synopsis laid before the public, it would afford a mass of information highly useful to practitioners of the obstetric art. Hence I forward them, subject to your own decision, whether to publish them or not.

1. What proportion of cases of midwifery, that have fallen within your practice, have required instrumental aid; and of those, what have been delivered by the forceps?

2. Have any cases occurred, and if so, what proportion, where you have used the forceps, which upon further reflection you think would have succeeded by the unaided efforts of nature?

3. By which cause have you witnessed the most frequent injuries to the soft parts of the mother, the use of instruments or the too long retention of the head of the child?

4. Have you ever seen a ruptured uterus from the use of ergot; and, finally, how far do you think the use of this drug can supersede the application of the forceps?

Respectfully, W. W. COMSTOCK.

Jan. 12th, 1846.

#### CASE OF SUDDENLY-FORMED ENORMOUS TUMOR ON THE NECK.

[THE following remarkable case is related by Eugene Palmer, M.D., of the Parish of St. James, La., in a letter to Prof. Jackson, of Pennsylvania, and is published in the last No. of the American Journal of Medical Sciences.]

On the 14th of April, 1845, I was called in great haste to the convent of the Sacred Heart (where I attend between two hundred and three hundred inmates). On being ushered into the Infirmary for the nuns, I saw an old lady extended on a couch, surrounded by the priest, the lady superior and several nuns, with her shoulders elevated and her head reclining backwards; her countenance anxious and pallid; and respiration apparently hurried. She had an enormous tumor over the region of the thyroid gland, extending out in front of the trachea more prominently than I have ever seen in true goitre. The lady superior of the convent, Madame Galway, told me in regard to this tumor, that it rose up instantaneously, while the patient was in the act of conversing with, and standing directly in front of her; that she broke off in the middle of a remark by the cry of "Oh! mother, I am suffocating!" and pointed to her neck, when the superior observed the above-named tumor rise up on her neck, in the space of less than a minute. There was no evidence of physical

or mental excitement ; the patient is between 50 and 60 ; remarkable for a calm and bland disposition, for uninterrupted tranquillity of mind, and is devoting the remainder of her life to the instruction of orphan children sent to the institution. She was born at Savoy in France, where I believe goitre is not an uncommon disease. She stated that there was a partial enlargement of the thyroid gland long ago, and that she had been treated in Europe with the burnt sponge. She was under my treatment two years ago for a severe intermittent fever, when the gland was so small as not to have attracted observation, and continued in the same state up to the 14th of April last, when, it seems to me, that the blood was thrown suddenly and with great force into the parenchyma of that gland ; but by what means, except by rupture of one of the thyroid arteries, remains to me (in the absence of any parallel case) an entire mystery ! The tumor was at first tense and elevated ; the patient complained of constant pain about the ears and back of the head, for the sterno-mastoid muscles were forced outwardly and put violently on the stretch by the pressure of the tumor. On the 2d day its base began to spread laterally ; it became more soft ; and in a few days more began spontaneously to diminish, and has now the appearance of a very inconsiderable goitre. The vertical circumference of the tumor was  $3\frac{1}{2}$  inches ; the lateral circumference, from one edge of the base of the tumor to that of its opposite edge, 5 inches 1 line.

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#### HOG'S LARD SUCCESSFULLY USED IN OBSTRUCTION OF THE BOWELS.

[Dr. E. B. Hook, of Jefferson Co., Georgia, gives the following case in the *Southern Medical and Surgical Journal*. As the difficulty in cases of obstruction of the bowels is so often considered irremediable, any well-authenticated case, presenting a successful result of treatment, is worthy of particular attention.]

My attention was particularly called to a communication of Dr. J. A. Mays, of South Carolina, published in the June No. of this Journal, on obstinate obstruction of the bowels—a disease that startles us by its frequency, and shocks us by its fatality. It has been my unenviable lot to have had several such cases under my care, and to have seen others in connection with other physicians : with one or two exceptions, they all proved fatal.

After much reflection upon this painful subject, founded upon recorded cases, and those which had come under my own observation, I had fully determined to treat the next case I should have, at least after a moderate trial of the usual means, with injections, the mildest aperients, the warm bath, &c. I was convinced that drastic purgatives, used to a great extent, would produce intense inflammation of the stomach and bowels, and therefore should be used with great caution. Having formed this resolution, but not being very confident of the success of this palliative treatment, it gave me much pleasure to meet with and read the communication above referred to. My previous reflections tended to commend Dr. Mays's plan

to my adoption. To fill the bowels in these cases with a mild unirritating oil could do no injury ; and might operate advantageously from the aperient quality of the oil, and from its mechanical force in lubricating and distending the intestine. These very probable effects of the proposed plan, in connection with the peristaltic action of the bowels, promised as fairly, as anything known to me, to overcome the obstruction, and I resolved to try it on the first suitable occasion. It was not long before one occurred.

On the 11th of September, as I was passing Mr. J. A. Parker's place, his man Sam hailed me, to say that he had a chill in the morning which lasted two hours, and that ever since (now half past 5 o'clock, P. M.) he had high fever. He had had no operation from the bowels for four days. I prescribed 20 grains sub. m. hydrg. and a dose of castor oil for the next morning.

On the 12th, I found him with considerable fever, tongue coated with thick white fur and disposed to become dry. I learned that he had vomited very freely two hours after taking the submuriate ; and again this morning after taking the oil ; but neither had produced any operation from the bowels. Having ordered the oil to be repeated as soon as the stomach should be composed, I left him to visit other patients. When I returned at dark he had very high fever, and complained of great pain in the right iliac region, much aggravated on pressure. I bled him, and left him ten grains more of the sub. mur. hydrg. to be taken as before. The stomach had not been sufficiently composed for the oil, and it had not been given. A bag of scalded bran was also ordered to be kept to the iliac region.

13th.—No operation from the bowels ; considerable fever ; pulse small and rather tense ; no perceptible diminution of the pain in the iliac region. I did not think it advisable to bleed him again, as the former bleeding nearly prostrated him, without the least apparent benefit. In the course of six hours he had now taken three large doses of oil and one of salts, administered by his owner during my absence. When I saw him again in the evening there was no alteration, except for the worse. I advised injections to be used freely through the night and left him.

14th, Thursday, the symptoms were, as far as a change was perceptible, dry tongue ; retching, but vomiting up nothing ; pulse considerably weaker than at any previous period. I now gave one and a half drops croton oil, to be assisted by injections—this was repeated after waiting three hours—injections given frequently. These having also failed, the stomach tube was introduced into the colon, and some five or six injections given in this way ; and although the tube was several times introduced its entire length, the fluid would pass back after the lapse of ten, fifteen and twenty minutes, *without color or smell*.

He had now taken thirty grains of the submuriate, about a half pint of castor oil, one large dose of salts, three drops of croton oil, assisted by twenty or thirty injections, including those by the stomach tube, had been kept in the warm bath until the approach of syncope, and had been bled nearly to the same effect, without the least appearance of relief. I de-

terminated to try the hog's lard, as a last resort. I had wished to give it a fair trial, and therefore it was necessary to try the usual remedies first. I now had one quart melted, and succeeded in getting him to swallow one half of it—the balance was injected into the bowels. After the lapse of three hours, one and a half drops more of croton oil was given. After taking it he laid very still for an hour and a half, a complete picture of despair, in constant anticipation of death. At this time, his whole countenance lighting up as if by magic, he suddenly exclaimed, "It has broken loose." On being asked what had broken loose, he put his hand on the right iliac region. In less than ten minutes afterwards, he was lifted up and had a small but very fœtid operation. The bowels now soon began to act freely, the lard passing off in variable quantities with each of the first six or eight stools. He was under treatment a few days longer, without interruption of his convalescence, and was discharged fully cured.

I ascribe this cure to the lard, although the responsibility we feel on these occasions did not allow me to trust wholly to it.

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#### THE PRINCIPLE OF LIFE.

From an Introductory Lecture by Prof. Pancoast, of Jefferson Medical College.

**LIFE**—how incomprehensible a subject it would seem, did we look at it in any other way than through the organs by which it is manifested. How different the degrees in which it displays itself in the various organs of which the body is composed—between the insensitive bones and cartilages, and the delicate nerves, upon which a single rude touch sends an agonizing vibration to the inmost recesses of the frame. He who would form a proper philosophical idea of the nature of life in all its bearings in reference to his own frame, should begin his investigations with the humblest thing that lives, where life forms the simplest problem, and trace it up in its different developments in the scale of animals. How variously animated is the scene which nature spreads before our view in her myriads of living beings. Among them what endless variety of form, what diversity of endowment. We find them where the complicated structure of man would not allow him to dwell—in the clefts of the rocks, in the depths of the waters, in the obscurities of the woods, and in the mansions of the air; yet each being, with its round of wants and enjoyments, as completely fitted to the sphere in which it moves as man. If we start from the zero point of the scale, where the being is but little more than a living sponge, we find animal rising over animal in regular progression, with organ after organ superadded, endowing them with the power of locomotion, and with instincts and senses for self-preservation—till, finally, in that perfection of creation, the human form, are found summed up all the parts which had been parcelled out in the gradation of animals, with an intellect crowning them all, capable of mounting over the confines of the earth, and guiding and controlling the whole. Yet all of these, from the insect millions that people the air, to the eagle and the condor—from the animals that dwell in the cells of the coral and the sponge, to the

huge leviathan of the deep, and from the humblest creeping insect up to man, all require a supply of nourishment from without, grow old and die, and exist only under the influence of a common principle, which we call life. We know that the chemical constituents of which they are all composed, as oxygen, hydrogen, nitrogen and carbon, are the same as those which constitute the lifeless masses of the earth. What, then, is this mighty talisman, this principle called life, at whose inspiring touch the crude elements of nature start into combination and take on the form and actions of living things? Is its nature within the grasp of human reason?

Do we not find many subjects manifestly less subtle than this to force upon us a conviction of the finiteness of our capacities? What do we know, for instance, of the essence or source of magnetism or electricity? In our first attempts to analyze these subjects, we may seem to comprehend them; but when we pursue the analysis further, the finest intellect becomes bewildered, and at length the road of investigation is fairly closed, as though an impenetrable curtain was dropped before it. Yet the knowledge of them that we do possess, is adequate to all our wants. Magnetism we have converted into a guide to lead us over the trackless bosom of the ocean. Electricity, subservient to our wishes, is made to light up at command, the lamp at our bedside. So in regard to the principle of life, that ethereal essence which gives action to the heart and sensation to the brain, we can know nothing in the abstract. But we may, as the ultimate point to which we can trace life, consider it with a distinguished German philosopher as a breathing of the divinity, a power conferred by the Supreme Architect of all upon the particles of which every living body is composed, and in their due degree and proportions. In the expressive language of Scripture, "God formed man of the dust of the ground, and breathed into his nostrils the breath of life, and he became a living soul."

#### FRAGMENT OF A KNIFE BLADE IN THE BODY NINE YEARS.

By P. C. Gaillard, M.D.

MR. C. was stabbed with a knife in *December*, 1835, about the middle of the *left clavicle*. He says that he was struck from without inwards, and slightly downwards and backwards. The wound was a severe one, and confined him two weeks to his room; a numbness and difficulty of movement in the left arm were felt for two months after the wound healed. No inconvenience has been experienced from it since. About six months ago, he felt a dull pain under the sternum.

On the 20th of January, 1845, he came to me for advice about a pain immediately below the *right clavicle*, near the sternum. This commenced eight or ten days previously, and felt as if something sharp was sticking him under the skin. The latter had ulcerated, and there was a fistulous opening in it, discharging pus. On examination, I felt a moveable triangular sharp body, seemingly about an inch and a half long, imme-

diately below the clavicle, and apparently attached at or near the sterno-clavicular articulation, feeling like a piece of bone split off from the lower part of the clavicle, projecting forwards, its point about an inch from the sterno-clavicular articulation, and apparently held on at its base by some of the ligaments of the latter. The probe penetrated easily an inch and a half through the opening in the skin, and encountered a hard grating body. There was a considerable scar over the inferior portion of the anterior surface of the *left clavicle*.

The case was seen with me by Drs. Wragg and DeSaussure, whose impressions coincided with my own. We heard nothing of the knife, with which the patient had been stabbed, having been broken, nor was he at all conscious of such an occurrence. On the 22d January, 1845, in presence of Drs. W. and DeS., I cut down upon the body, and found it was a part of a knife blade, pointing obliquely anteriorly, and to the right from under the sternum. I seized it with a forceps, and drew it out without difficulty. It measured 1 inch and 11 lines in length, and 7 lines in width at its base. On its faces were several spots of clotted blood and a little rust. The point was very sharp, the edge (which is single) keen and cutting. It was broken off about the middle of the slit for opening the blade.

There was no hemorrhage or other accident from the operation; the wound healed rapidly, and so little inconvenience was caused by it, that the patient returned to his ordinary business, as serjeant of the City Guard, after the second day, and is now quite well.

*Remarks.*—From the direction of the stab and the length of the fragment, it is probable that the point of the blade, at the time it was broken, rested on the superior part of the second rib, its back against the clavicle. The fragment must have been at some distance from the external wound, or it would have been discovered by the surgeon who attended the patient at the time the injury was received, and it must at first have laid at no great depth under the skin. In its subsequent course, it followed the direction of its point, propelled by the movements of the chest and lungs, and in all probability pressed close against the internal face of the sternum. To make its way out at the place where it was found, it must have passed through the cartilage of the first rib, very near its point of junction with the sternum. Altogether, the case is remarkable, as well for the length of time which so large a foreign body remained in the system without causing any uneasiness, as for the important parts near which it must have passed without injury to them.—*Southern Journal of Medicine and Pharmacy.*

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*Surgery.*—Do not identify surgery with the knife; with blood and dashing elegance. Distrust surgical intrepidity and boldness.....Surgery is not operative surgery. Its province is to save, and not to destroy; and an operation is an avowal of its own inadequacy.—*Dr. H. J. Bigelow's Address.*

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, JANUARY 21, 1846.
 

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*Dr. Pancoast's Introductory Lecture.*—Dr. Pancoast, of the Jefferson Medical College, Philadelphia, who has sustained the chair of Anatomy with brilliant and increasing success for some years, delivered the customary introductory lecture, the present season, and was solicited by a committee of thirty-one students, representing twenty-three States, the District of Columbia, Ireland, France, Porto Rico and Burmah, to allow it to be published. He consented, and our readers will be gratified by the perusal of a brief extract from it in a preceding page. After speaking of the brain as an anatomist should, and of the difficulty of fathoming the profound subject of neurology, which our mesmeric, or rather neurological friend, Dr. Buchanan, of Kentucky, conceives that he has made as clear as star-light, Dr. Pancoast thus admirably approaches a high department, which, in effect, he honestly acknowledges is wholly beyond the reach of his anatomy, learned as he is in the cordage of the human frame.

“ But after all, in this examination of the dead, how little can we actually discover of the springs and sources of life, or rather of that vital principle which puts them all in motion. If we examine the brain, even within a few hours after death, whilst its physical constitution remains precisely the same as during life, what is it to us but a mass of albumen—beautifully modelled, it is true, into many and complex parts—but after all a mass of albumen, quickly falling into putrefaction. Where has gone that intellectual fire, that moral energy, that seemed but recently under the control of the body which is now stretched inanimately before you. Where those seeming inherent powers possessed by the seething brain, acting even in our sleep, and at times, weaving webs in which many characters may play their dramatic parts, at others conjuring up the most delightful harmonies, as it were for its own enjoyment, being itself at the same time composer, artist and audience. This transitory connection of the mind with the frame is a subject beyond human ken. We could form no conception of it but for the lights vouchsafed to us by revelation; and we must, here, without wandering into idle speculation, leave the subject in the hands of those holy men who teach us of its appearance on another stage, and, both by precept and example, “ point to brighter worlds and lead the way.”

“ Such is the destiny of all on earth;  
So flourishes and fades majestic man.

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Shall Spring to these sad scenes no more return;  
Is yonder wave the sun's eternal bed?

\* \* \* \* \*

Shall we be left abandoned in the dust,  
When Fate relenting lets the flower revive?  
Shall nature's voice, to man alone unjust,  
Bid him, though doomed to perish, hope to live?

Is it for this fair virtue oft must strive  
With disappointment, penury and pain?  
No! Heaven's immortal spring shall yet arrive,  
And man's majestic beauty bloom again.”



*Diseases of the Liver.*—With the new year, Messrs. Lea & Blanchard have brought out one of those sterling works on medicine which it refreshes one to examine. It is a sound, practical guide in every-day practice, and opportune, from the circumstance that it does not interfere with any recent publication. Those only, who have felt how difficult it is to decide, or rather determine with certainty upon the true condition of the liver, under some indications of the system, can appreciate a treatise like this. George Budd, M.D., a professor of Medicine in King's College, London, exhibits, in the pages before us, peculiar fitness for the labor he imposed upon himself. He was eight years in accumulating the materials of which the volume is composed. Three years of the time he was a visiting physician of the Seaman's Hospital, where the subjects of diseased livers greatly abound.

Sad havoc is made with the poor liver, the world over; first by vices, and secondly by the abominable inroads made upon health through the ready instrumentality of quacks. Perhaps there are more mistakes made in regard to the actual condition of this organ of the human body than any other, and a misapplication of remedies often follows, injurious to the whole machinery. Many doses have doubtless been prescribed for a liver that never required prescriptions. Such a book as this, therefore, is calculated to direct the young physician with much certainty in whatever is necessary for him to be apprised of, in giving either an opinion or a dose of medicine. The chapters of the book are as follows. I. congestion of the liver; II., on its inflammations and diseases; III., diseases resulting from faulty nutrition or faulty secretion; IV., diseases resulting from some growth foreign to the natural structure; and V., jaundice. The subdivisions of these chapters are numerous, so that nothing has escaped the critical notice of the diligent author. Some of the drawings are colored—and all of them are just what is wanted to illustrate the text, and to identify diseased parts on the subject. Messrs. Ticknor & Co. have copies on sale.

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*Hooper's Examinations.*—A third edition of the well-known manual of Robert Hooper, M.D., has come from the press of Messrs. J. & H. C. Langley, New York, as neat as one could desire. The title page says it has been enlarged and revised, which certainly might have been done, years ago, to good advantage, in the old editions. These examinations are in anatomy, physiology, medicine, surgery, chemistry, materia medica and pharmacy. It is a complete compendium of all these sciences, in the fewest words, and therefore just adapted to the student's pocket, in his daily studies. Ticknor & Co., Washington street, have the new edition.

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*American Phrenological Journal.*—Mr. Fowler has just entered upon the eighth volume of this periodical, with buoyant hopes, a vigorous intellect and a ready pen. Not many years since, phrenology held a prominent place amongst the leading topics of the day. It was the parlor conversation, the tea-table talk, and the subject of very learned disquisitions. With the death of the illustrious Spurzheim, the science, for such it is, was gradually allowed to rest—till its warm advocates and admirers are as scarce as true philosophers. Through all the varying phases of popular

phrenology, the Messrs. Fowlers, of New York, have been consistent advocates of this department of useful knowledge. Phrenology is the science of mind, which is not content with a simple anatomical demonstration of the brain, according to books; but attempts an explanation of the moral nature of man, and shows, by a rigid analysis of the powers of the intellect, the propensities of individuals, and by the past history of the race, that its study is worthy the considerate attention of all. But it is principally to place the *Phrenological Journal* before our professional readers, that these observations are introduced. There may be a thousand things in it that they might not like, but there is much that would delight, amuse and instruct them. Phrenology necessarily embraces a large field, and hence all the aids and appendages of the sciences in general are resorted to by way of illustration, argument or proofs. This specimen number is well stored and properly arranged. Under the head of *Signs of Character*, many wise sayings and doings are recognized. The developments and character of John C. Neal, author of *Charcoal Sketches*, are singularly curious. "Physiology and phrenology of the Choctaws" is also full of interest. We wish the editor excellent success in the circulation of his work.

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*Littell's Living Age.*—Those of the sober brotherhood of medicine, who have a taste for the choice flowers of general literature, could not find a richer entertainment for unoccupied hours, than this popular weekly periodical. No. 86 presented a captivating variety of articles, many of which had a bearing upon medicine. Medical gentlemen cannot always bend themselves down to the profound researches of the fathers of physic: the mind requires relaxation, and the stimulus of variety too. Again, to live and know nothing of the current literature of the day, betokens an indifference to passing events, and the advances of a high degree of civilization. The *Living Age* embodies all that could be asked in that way, in an economical form.

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*Hearing through the Mouth.*—A correspondent, residing at St. Charles, Missouri, writes, under date of Dec. 30th, that a widow lady at Danville, six miles from his residence, has two deaf and dumb children. "About three months ago," he continues, "one of them, on waking from sleep, ran to its mother, who took it up and kissed it—and while their lips were in contact, the mother spoke aloud." The child put on the look of surprise and delight, and she therefore again spoke in the mouth of the child, who repeated the word. "The operation has been many times repeated, and the little one has learned many words by hearing them through its mouth." "Is this," he asks, "a singular circumstance? Can it be accounted for by supposing there is an occlusion of the external auditory passage—and that the sound passed through the Eustachian tube?"

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*Ohio Lunatic Asylum.*—From the last Annual Report we learn that the number of patients in the Asylum at the close of last year was 146; 79 males and 67 females. Number admitted the present year, 150; 86 males and 64 females. Average number in the Asylum for the present year, 158. Whole number under care during the present year, 296.

Number discharged the present year, 72 : recovered, 44 ; incurable, 11 ; died, 17. Number of recent cases discharged the present year, 41 : recovered, 39 ; incurable, 0 ; died, 2. Number of old cases discharged the present year, 31 : recovered, 5 ; incurable, 11 ; died, 15. Per cent. of recoveries on recent cases discharged the present year, 95.12. Per cent. of recoveries on old cases discharged the present year, 16.13. Per cent. of recoveries on the whole number discharged this year, 61.11.

Number of incurables discharged by Directors this year, 7. Per cent. of deaths the present year 10.75.

*Mortality of Boston in 1845.*—From the General Abstract of the Bill of Mortality for the City of Boston, just published from the Records kept at the Health Office, it appears that the whole number of deaths during the last year was 2585, being 344 more than during the year previous. Of this number there were, stillborn, 245 ; under 1 year, 481 deaths ; under 5 years, 1096 ; and over 60 years, 278. These numbers vary somewhat from the totals of the weekly report published in this Journal, which has been faithfully made up from the copy furnished us from the Health Office. The difference, however, is in no instance great. The whole number of deaths from consumption, as above, was 426 ; in our report, 422. Scarlet fever is given as the cause of death in 152 cases ; lung fever, 135 ; typhus fever, 97 ; smallpox, 31 ; delirium tremens, only 4. Taking the population of Boston to be 114,000, the above report shows the mortality of the city during the last year to have been 1 in 44.10, or 2.26 per cent.

*Epidemic Smallpox in Philadelphia.*—We have never known smallpox to be so prevalent throughout the country as at the present time. Cities, towns and villages, everywhere, are infested with it to a great extent ; and what is remarkable, the epidemic seems to be as mild as it is prevalent. The great majority of cases occur in persons who have undergone a degree of protection by having previously had the disease or been vaccinated, and in such, as usual, it is greatly modified—the attack consisting of more or less pain in the head and back, some nausea, fever for a day or two at the commencement, with a very sparse eruption, and *no secondary fever*. Such cases require very little treatment, recover in from three to five or six days after the first appearance of the eruption, and are followed by no disfiguration. When the disease attacks those who have not previously been vaccinated successfully, or have not had the variolous disease, it runs the ordinary course of unmitigated smallpox ; in some instances being discrete, and in others confluent, according to the constitution and treatment of the patient. In Philadelphia, where the disease has been quite prevalent for more than a month past, we have heard of no instance in which it has proved fatal where the subject was known to have been successfully vaccinated, and the deaths that have occurred, as far as have come to our knowledge, have been confined to such as had never been vaccinated, or in whom the proper vaccine mark had disappeared, if it had ever existed. It is a subject of astonishment and regret, that in an enlightened community like that in which we live, so much laxity and obstinacy should prevail in regard to the necessity of vaccination. In repeated instances, since the present epidemic has appeared, we have had occasion to vaccinate two or three

persons in one family, mostly children or servants, who had until the time been neglected. How can it be expected that we shall be exempt for any long time from a disease so communicable, while such carelessness and stupidity prevails? A large proportion of the unprotected cases that occur in Philadelphia, are in persons who have come hither from remote or surrounding places, and it would seem that an equal degree of the carelessness to which we have referred prevails all over the country. Even in the Eastern States, among a people so proverbial for their prudence, the same heedlessness prevails. According to the testimony of our brother of the Boston Medical and Surgical Journal, this would seem to be especially the case in the State of Maine.—*Medical Examiner.*

*Medical Society of the District of Columbia.*—At the Annual Meeting of this Society, held at the City Hospital, January 5th, the following gentlemen were elected officers for the present year:—F. May, M. D., President. A. McWilliams, M. D., James C. Hall, M. D., Vice Presidents. Thomas Miller, M. D., Corresponding Secretary. Joseph Borrows, M. D., Recording Secretary. William Jones, M. D., Treasurer. F. Howard, M. D., Librarian. H. Lindsly, M. D., N. Young, M. D., J. M. Thomas, M. D., J. F. May, M. D., William P. Johnston, M. D., Board of Examiners.

*Medical Miscellany.*—Dr. A. Sydney Doane, of New York, has been elected President of the Boston and New York Telegraph Company.—Smallpox has a strong foothold in the towns of Rutland and Rodman, in Western New York.—Dr. Trowbridge, of Watertown, has written an admirable paper upon the security of vaccination, which is published in the Jeffersonian, but legitimately belongs to a Medical Journal.—Dr. H. G. Fish has been appointed postmaster at Stone Mills, N. Y.—Whole number of deaths in York, Me., in 1845, 51; births, 77. In Exeter, N. H., 50 deaths, population 3,200, being 1 to 64. In Concord, N. H., the Capital of the State, 97, being 1 to 58 of the population.—Mention is made of a girl in Leominster, Mass., 12 years old, who weighs 300 pounds.—The mortality of Heath, Mass., in 1845, was only 18.—The quantity of rain and melted snow at Amherst College, in 1845, was 58.5 inches.—In the Blind Institution of Ohio, are 104 pupils.—The number of students attending medical lectures in Boston, the present season, is 159.—Some experiments, we understand, have been made with the so-called Brocchieri styptic, both in this city and New York, which fully confirm the correctness of the views expressed in last week's Journal respecting the worthlessness of this nostrum.

MARRIED.—At Bangor, Me., Dr. Alphonso Severance to Miss R. J. Moore.—At Brattleboro', Vt., Dr. O. Martin to Miss E. Stoddard.—At Woonsocket, R. I., Dr. A. P. King to Miss Celia A. Hendrick.

Number of deaths in Boston, for the week ending Jan. 17, 49.—Males 27, females 22. Stillborn, 8. Of consumption, 11—smallpox, 7—burns, 1—croup, 1—gravel, 1—infantile, 2—scarlet fever, 2—teething, 2—accidental, 1—typhus fever, 1—disease of the bowels, 1—scald, 1—worms, 1—lung fever, 4—old age, 3—inflammation of the lungs, 1—convulsions, 1—slow fever, 1—dropsy, 3—dropsy of the brain, 1—sudden, 1—child-bed, 1—disease of the kidney, 1.  
Under 5 years, 20—between 5 and 20 years, 5—between 20 and 60 years, 17—over 60 years, 7.

*Hydrogen Gas.*—In reading the history of past times no one can fail to be struck with the fact, that to men of the greatest intellectual endowments, things were credible, which, with us, even to an ordinary mind, seem so plainly fallacious as not to be worth a moment's notice. Thus, Lord Bacon had a lingering belief in the existence of fairies, and we read with astonishment that Samuel Johnson, one of the most masculine minds that England ever produced, actually believed that there was a ghost that infested a house in London. Of these phantoms of the dark ages, hydrogen, and its compounds, were among the most common; occasioning explosions in mines; holding in terror the adepts of the black art; frequenting new-made graves in the churchyards, as a lurid flame; or enticing into boggy places unhappy travellers. What a change a few years has effected! All this superstition has passed away—the great goblin of those times is caught by the cunning chemist, stopped up in bottles, weighed in balances, and found to be the lightest substance in nature and the essential basis of the water we drink. We have separated the true from the incredible, the miraculous and marvellous are all gone to their proper place. We know the exact reason of the flash which kills the miner, and have made, in the safety lamp, provision that it shall not occur. The bursting of the alchemist's alembic is better prevented by leaving a hole for the gas to get out, than by saying a prayer; and though hydrogen will explode like gunpowder under proper circumstances, it never sits hooting like an owl of a night on the tops of fences or withered trees, nor has eyes as large as a saucer.—*Dr. Draper's Introductory Lecture.*

*Midwifery Statistics.*—Dr. Reid gives the following summary of some of the facts which occurred in 5691 cases of delivery.

The vertex presented	-	-	in	5443	
Nates, or lower extremities	-	-	in	162 or 1	in 35
Shoulder or arm	-	-	in	29	" 196
Face	-	-	in	25	" 228
Funis	-	-	in	31	" 183
Abdomen	-	-	in	1	" 5691
Convulsions occurred	-	-	in	11	" 517
Retroversion of uterus	-	-	in	2	" 2845
Rupture of uterus	-	-	in	2	" 2845
Placental presentation	-	-	in	8	" 711
Accidental flooding before the separation of placenta	-	-	in	32	" 178
Flooding after	-	-	in	40	" 142
The placenta required manual extraction	-	-	in	58	" 98
Patients delivered by forceps	-	-	in	31	" 183
" " craniotomy	-	-	in	22	" 259
" " version	-	-	in	28	" 203

Of 1795 infants, 886 were males, 909 were females. Twenty-four were twin cases. Ages of 1771 mothers. Under 20, 69; between 20 and 25, 622; between 25 and 30, 478; between 30 and 35, 368; between 35 and 40, 174; between 40 and 45, 54; between 45 and 50, 6.

*Spontaneous double expulsion* of the infant occurred in two cases (both twins.)—*Medical Gazette.*

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL

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## ON THE MEDICAL TREATMENT OF DYSPEPSIA.

By Thomas Barbour, M.D., Professor of Obstetrics, &c., in the Medical Department of  
Kemper College, St. Louis, Mo.

As dyspepsia is a most painful and afflicting malady, the unfortunate subjects of which, are but too often doomed, under the ordinary modes of management, to endure a bodily and mental distress, which renders life hateful and undesirable, any suggestion which might conduce to its relief, should be acceptable to the profession. Dr. John McIntosh remarks, that, "the physician, to be able effectually to treat this affection, should have suffered from it himself; as one who has had the good fortune never to feel as if he had a stomach, can scarcely believe or listen to the complaints of those who have experienced that sensation." Having had sad *personal* experience, and having had the gratification of affording relief to many sufferers by the means which proved so beneficial in my own case, I desire to make known the plan of treatment which I pursue, and which I feel justified in recommending as eminently successful.

It is not my design to enter into the regular consideration of the symptoms and pathology of dyspepsia, which has been so ably and elaborately discussed in late treatises on the subject, but I will assume that the affection usually presents itself under two forms:

1st. *Functional*, of which there are two principal modifications: first variety I would designate *nervous*, and is characterized by great morbid sensibility of the nerves of the stomach, evidenced by very acute pain, which is frequently paroxysmal in its character, associated with most of the ordinary symptoms of dyspepsia. Second variety of functional form, I would call *atonic*, and is characterized by atony of the mucous membrane and muscular fibres of the stomach, and a moderate degree of nervous irritation.

2d. *Organic*, characterized by the ordinary signs and symptoms of chronic muco-gastritis; the most prominent of which are epigastric tenderness, and tongue furred, and slightly red on the tip and edges.

In the first variety of the functional form, I administer the following combination:—1st. R. hydrarg. prot. iod., 15 grs.; ext. rhei,  $\frac{1}{2}$  dr.; ext. hyoseyam., 1 dr., made into 30 pills, of which I give one or two every night, or every other night, to regulate the bowels, and improve the biliary secretion. If the bowels be torpid, I substitute the compound ext. of colocynth for the ext. rhei, in the same proportion. 2d. R. Bismuth sub.

nit., 2 drs. ; morph. acet., 3 grs., made into 30 pills, of which I give two or three, morning, noon and night. If the pill form is disagreeable, I order the above to be made into 12 powders, of which one may be taken thrice daily.

The sub-nitrate of bismuth is highly recommended by the best writers on the *Materia Medica*, in many of the chronic derangements of the stomach, especially in dyspepsia, attended with gastrodynia, or pyrosis. Prof. Chapman, who is pre-eminently high authority, speaks of it in the most favorable terms ; the distinguished authors of the United States Dispensatory especially commend it to the attention of the profession ; and Pereira, the highest European authority, considers it of great value in gastric disorders ; yet, strange to say, but few physicians have confidence in it, or ever think of using it. I regard this agent as the *most valuable* which we possess in the different forms of chronic gastric derangements. It is antacid in its properties, and tends to relieve the uneasy sensations arising from free acid in the stomach ; but I attribute its chief efficacy to its tonic and nervine agency. Whatever maybe its *modus operandi*, it is certain that, in my own case, and in others of a most serious character which have come under my care, it acted like a charm. In regard to the dose, we should be governed by the severity of p in. Ordinarily ten grains three times a-day will suffice ; if, however, the pain is very intense, amounting to what is termed gastrodynia, I would not hesitate to give 20 or even 30 grains at a dose. I use it, also, in large doses for the relief of pyrosis. In the second variety of the *functional* form, namely, the atonic, I prescribe the following :—1st. R. Hydrarg. prot. iod., 15 grs. ; ext. colocynth comp.,  $\frac{1}{2}$  dr. ; ext. hyoscyam., 1 dr., made into 30 pills, of which I give one or two every night, or every other night, according to the torpor of the liver and bowels. 2d. R. bismuth sub. nit., 2 dr. ; sulph. quinae,  $\frac{1}{2}$  dr. ; ol. menth. pip., gtt. xx., made into 36 pills, of which I give two or three, morning, noon and night ; or divide the above into 12 powders, and give one thrice daily.

In the second, or *organic* form, characterized by the marks of chronic muco-gastritis, I would advise full doses of opium—say 4 grains with 10 of pil. hydrarg., occasionally repeated, after which, mild aperients, or purgative enemata, and the free application of tartar emetic ointment on the epigastrium. When the inflammatory condition of the stomach has been, in a good degree, relieved, I would then use the two prescriptions for the prot. iodide of mercury, and sub. nitrate of bismuth, as already given for the first variety of the *functional* form of the disease.

In the conclusion of this very brief sketch of the treatment of dyspepsia, I will remark that the experience of fifteen years has confirmed me in the belief that the above plan, if sufficiently persevered in, *together with proper dietetic measures*, will prove successful in every case in which serious structural disease of the stomach does not exist.—*Missouri Medical and Surgical Journal*.



## ON THE TREATMENT OF ULCERS, AND OTHER CUTANEOUS AFFECTIONS.

By E. H. Kelly, M.D., of Mobile, Ala.

THERE is no class of diseases which may be so justly termed "*opprobrium medicorum*," as that which embraces almost every variety of ulcer, and of cutaneous disease. Thompson says, speaking of ulcers, that out of twenty surgeons, not more than one can be found who can treat ill-conditioned sores or ulcers, the consequence of wounds necessarily inflicted by themselves, in their operations. Can this be attributed to prejudice and disgust for such loathsome affections; or does it arise from the adverse and complicated distinctions of nosologists; the discrepancy of remedial agents; or, more probably, from the want of a correct knowledge of their pathology? As I have encountered the usual difficulties, and have been much disappointed, in the treatment of such cases, by the routine practice of ointments, lotions, bandages, &c.; and as I have, on the other hand, been very successful in effecting cures, in some remarkable instances, by the application of a certain compound powder, I take great pleasure in now laying before the profession the result of my experience, and the means I have employed.

Having witnessed the surpassing efficacy of wheat flour, as an application, in three cases in which the persons were very badly scalded, some years since, by the bursting of the boilers of the steamboat Walker, I was led by inference to adopt a plan somewhat similar, and based on the same principles, for other breaches of surface, and cutaneous affections.

My first case was B——, a young merchant of this city, who had been afflicted for about six months with psoriasis of the back of the hand and between the fingers, which had resisted every remedy in the hands of other practitioners. Greasy, escharotic, and other applications, conjoined with the internal use of sarsaparilla, &c., had been used in vain. It now occurred to me, that if I could produce an artificial crust over the disease that would absorb the acrid discharge, and at the same time protect the tender cuticle beneath, I should succeed in producing a healthy and durable dermoid surface. I directed him accordingly to discharge any fluid that might collect—to bathe his hands with acetic acid, and to follow this up by the following application, which was to be powdered on the surface, *ad libitum*:—R. Oxymur. hydrarg., ʒi.; lapidis calaminaris, ʒi.; marantæ arundinacæ opt., ʒi. Misce et tere diligenter ut redactius sit in pulverum subtilissimum.

Besides the local application, I directed such constitutional treatment as was adapted to the case, and had the satisfaction of seeing, as the result of my remedies, the perfect cure of my patient, in about a month.

My next case was Nicholas M——, a barkeeper, who was afflicted with a disease of the feet, which, on examination, corresponded much with Sir Everard Home's "fungated ulcer" of the sole of the foot and toes. The metatarsal bones and phalanges were denuded of integuments in some places. My patient had used a variety of remedies for more than a year, without any mitigation of his sufferings; and he was now hope-

less of a cure being effected. I directed him to use the same formula as above ; preceded, however, by bathing the ulcerated parts with a solution of argent. nitrat. ; and to take internally, fluid extract of sarsaparilla, for constitutional effect. The powder was dusted over the ulcerated surfaces ; a scab immediately formed ; all pain ceased ; granulation was effected ; and my patient was discharged perfectly cured, in a little more than one month.

On his representation, M——, a barber, consulted me for the same disease, which had annoyed him for about four months, and had made already considerable depredation. He had used various remedies administered by others, but with no avail. The same course was pursued with him for three weeks, with the like happy result.

The above cases were under treatment in 1842–3, and in no instance has the disease returned, or any constitutional bad effect resulted from this method of cure. I have since cured several species of cutaneous disease, as sycosis, herpes, &c., by this process ; and have not yet failed, in the application of it, in any variety of ulcer which I have encountered. The following I will particularize as another evidence of success :

V——, a countryman, applied to me in November last for medical aid, on account of a syphilitic ulcer of the thigh, which was as large as a dollar, and of the depth of an inch. The same plan was adopted ; a scab immediately formed ; my patient could attend to his occupation, and, notwithstanding this ulcer had resisted all treatment for six months, in other hands, it entirely healed up in less than five weeks, under this mode. Besides the above mentioned, I have discharged, recently, two cases of ulceration about the ankle-joint, in which situation most experienced medical men will agree with Sir E. Home, that ulcerations are extremely intractable. In both these instances, the patients were cured in the space of two weeks.

The most remarkable case, however, of the efficacy of this plan of treatment, is one which I had the pleasure of discharging this week, cured. Mrs. C—— had been much afflicted with scaly tetter of the hand for three years. During this period, to use her own words, she had tried various physicians, not excepting the noted (Thomsonian) McLean, formerly of this city. She had used a variety of applications, and taken at least a *barrel of infusion of sarsaparilla*, all with no happy effects or alleviation of her troubles. I directed her to use the powder in the same manner as in the case of B—— (above described), and to take internally, eight drops of Fowler's mineral solution three times a-day, &c. By these means, the disease disappeared in five weeks ; and a sound and healthy dermoid texture is now to be observed.

What is the *rationale* of the reparation of ulcerated parts ? Home and Hunter tell us that it consists in the formation of small red points and eminences, which are termed granulations. That an exudation of coagulable lymph is to be regarded as the first step in the process ; that these granulations are supplied with bloodvessels and nerves from the adjacent parts ; that these new substances have the same power, *i. e.*, to secrete pus ; and that they contract, and are finally covered over with cuticular substance, by which further secretion of pus is prevented.

We will now take into consideration the indications to be fulfilled in the cure of ulcers ; and here we find no settled policy—some recommending greasy, emollient, or applications in the form of vapor ; others condemning them *in toto* ; and but few evincing a correct knowledge of the pathology and treatment of this class of disease.

The following are the prominent indications to be fulfilled :

1st. The promotion of a healthy secretion of pus : for Thompson tells us, that he has never seen granulations without pus.

2d. To confine and prevent evaporation of matter, so as to retain a moist and warm atmosphere. According to Thompson, a local increase of temperature of two or three degrees, is always necessary to granulation.

3d. To preclude the contact of air and light (two stimulants) ; for the same author says, that ulcers sometimes show a tendency to gangrene, from unknown states of the weather ; and ulcers are apt to change their character from vicissitudes of the air.

4th. To protect granulations, and sometimes to repress, without irritation, their excessive growth ; diminish serous and puriform discharges, and to give support to the ulcer ; but this growth must be kept back by only such resistance as they are able to overcome : otherwise the absorbents will remove the granulations.

5th. To promote the formation of scab or cuticular covering.

We see the above indications carried out in Sir E. Home's application of dry lint ; which, he says, is to protect the granulations, absorb, retain, and prevent evaporation of matter. So, also, he used powdered rhubarb, *i. e.*, to repress granulations, and form skin. Thompson says, Baynton's plan of using adhesive straps, and Whately's process of bandaging, act on similar principles. With like views, Dr. Physick applied his favorite cicatrizer—simple cerate and British oil ; Sir E. Home, his alcohol and various innocuous powders ; Harness or Thompson, the grated root of the cassava (a fecula), in weak sphacelating ulcers of seamen, &c.

With all these rules before us, it is surprising how little regard is paid the *lex naturæ* in the cure of these diseases. Does this arise from ignorance, or inadvertence, or nosological errors ? That there are some general principles wanting in the cure of these affections, is evident from the fact that very few ulcers will continue to heal under the usual treatment, beyond a certain time, without a change of remedies ; and from the multitude of discrepant ones applied by different practitioners, all tending to the same end, but without knowing the why or wherefore. I must here observe, that I do not lay any claim to the discovery of “ a new method ” in the treatment of ulcers. The treatment by the formation of an artificial scab, is as old as the days of Celsus, of which any of your readers may satisfy himself by referring to his work, “ *De Re. Med., Lib. V. cap. IX. quæ crustas ulceribus inducunt.* ” I only wish to attract attention to the modification of an old method, which I have used, and to the efficacy of which I can testify. At the same time, I am perfectly aware, that, by bestowing unworthy and extravagant praise on a remedy, we in reality do but detract from its reputation, and run the risk of banishing it from practice, or preventing its use altogether.

The basis of my remedy, it will be readily perceived, is *fecula*, and with this any medicine may be combined, to suit the wishes of the practitioner. I generally use the formula before described, modified according to circumstances, by increasing or diminishing the strength of the most active ingredient. We all know that, in the healing of sores, wounds, eruptive diseases, &c., nature ordinarily provides a scab, under which a reparation of healthy structure is completed, and the cure effected. Tear the scab off, and the cure is procrastinated. My remedy has a twofold effect: it acts by induction, copying after one of nature's laws in substituting a scab for that which she produces; and it operates simultaneously in fulfilling the rest of the above indications. It is now nearly five years since I commenced the use of it, and I have had no reason to be dissatisfied with its effects in a single instance.—*New Orleans Medical and Surgical Journal.*

#### THE PROTECTIVE POWER OF VACCINATION.

[SEVERAL members of the College of Physicians of Philadelphia, at one of their meetings, took part in a discussion of the prophylactic powers of vaccination. Their views are somewhat conflicting, but something may be learnt from them, and they are therefore copied from the Summary of the Transactions of the Society.]

Dr. Condie maintained that, as a general rule, the protective power of vaccine infection, in those who had been once placed fully under its influence, was, under ordinary circumstances, permanent. We know, that in certain variolous epidemics of great malignity, scarcely anything affords immunity from the disease, and very many of those who have been vaccinated, as well as of those who have already had the smallpox, either from inoculation or otherwise, are attacked with more or less violence. He has seen no facts to convince him that the power of the vaccine protection is impaired, and finally destroyed, in the course of time. There are, unquestionably, certain constitutions, which resist the vaccine infection entirely, while there are others which can only be placed partially under its influence, and which, in a short time, become again liable to be attacked by the smallpox. It is as a means of detecting and remedying these partial infections, that the practice of re-vaccination becomes of importance.

During the prevalence of smallpox, Dr. C. has not certainly observed that the susceptibility to an attack of the disease was generally greater in the adult who had been vaccinated in infancy, than in individuals who had been vaccinated but a few years previously.

Dr. Moore remarked, that his experience differed very much from that of Dr. Condie. He has invariably found, that the susceptibility to the contagion of smallpox, in those who had been vaccinated, as well as the violence of the disease when it occurred in them, was in direct proportion to the length of the period that had elapsed since the vaccination was performed. Thus, within the first year after the vaccine infection,

he has seldom, if ever, seen an attack of smallpox to occur, even in a mitigated form, and very rarely within the second year. After, however, five years have elapsed from the period of vaccination, he has observed the attacks of smallpox to be very common; while, after the fifteenth year, up to the twentieth, according to his experience, the attack of smallpox was liable to assume a very aggravated character; he has seen it then, to be marked with equal violence and malignancy, as in those who were unprotected, and it is at this period that death from attacks of smallpox after vaccination, most usually occurs. Is it not, he would ask, the general experience of the profession, that the smallpox, when it attacks those who have been vaccinated over fifteen years, is attended with greater severity than when it attacks those in whom the vaccination had been more recently performed? Hence he was inclined to consider the practice of re-vaccination, at proper intervals, as always a prudent precautionary measure, if it be not essential to keep up the protective power of the vaccine infection.

Dr. Bell was by no means inclined to deny, or even in any degree to underrate the importance of re-vaccination. We are not always certain that all who are reported to have been vaccinated have been so—at least effectually—nor is it always possible for a practitioner to say absolutely, even in those cases in which he has been careful to insert genuine matter, and has watched attentively the phenomena which result from it, that the system has been fully infected. This we cannot determine positively even from the appearance and progress of the eruption on the arm. Our only test is re-vaccination. Dr. Bell was not, however, convinced that the less or greater liability of the vaccinated to an attack of smallpox, or that the character of the attack in regard to its mildness or violence, is always in direct proportion to the number of years that had elapsed from the period when vaccination was performed. Some of the most violent cases of varioloid he has seen, have occurred in quite young persons, while one of the mildest was in an adult who had been peculiarly exposed to the variolous infection, and had been vaccinated fifteen years previously. The supposed gradual diminution in the protective powers of vaccination, by the lapse of time, was not, he apprehended, the true explanation of the cause why certain individuals who, to all appearance, have been placed very completely under the influence of the vaccine infection, became subsequently attacked by the smallpox. But whatever was the difference of opinion among physicians in regard to the points alluded to, he was happy to find that their confidence in vaccination as the best, and, with the precaution of repeating the infection whenever any doubt existed as to the prophylaxis afforded by the first operation, the most certain means of protection against the contagion of smallpox, remained unabated.

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CONIUM MACULATUM.

[Dr. JOSEPH BATES, of Lebanon, N. Y., in a communication on Botany to the Columbia County Medical Society, thus speaks of the properties and use of the hemlock as a remedial agent.]

The *conium maculatum* has had a very vacillating character ; not so much, however, owing to the ignorance of physicians as botanists, as to their ignorance as pharmacutists. At one time we see it regarded as a specific for scirrhus affections, again disregarded for a series of years, and almost driven from the science of medicine ; again, it struggles into notice, as a deobstruent, though possessing no claims as a specific in the cure of any disease. It is recognized as such, and allowed to act by way of eminence upon the liver, and the whole glandular apparatus.

It is a native of Europe, though at present it has become naturalized in almost every country. It is spoken of in books, frequently, by the name of *cicuta*, yet the *cicuta* is a separate genus. By many authors, *conium* is believed to have been usually administered at the Athenian executions, and was the article given to Socrates ; but in relation to this subject there is much uncertainty. Some suppose they used a species of *polygonum* for this purpose ; others, that it must have been *rumex aquaticus* ; and some have considered it a species of *primula*. I mention this to show the uncertainty of relying upon the popular names of plants. Hemlock and *cicuta* have each been popular names for *conium*, and it is highly probable they have been used for other plants. In fact, Pliny says, that the word *cicuta*, anciently, was not indicative of any species of plant, but used to denote vegetable poisons in general. That *conium* should have had thus far, in the medical world, such a thorny road to fame, is readily accounted for. It has many times been sentenced for the injury of other articles, in the vegetable world ; and strange as it may appear, it has been even banished. I shall instance but few of the causes that might be brought forward to account for the changes it has undergone.

Some physicians use it in one way, and some in another. Some prefer the dried leaves, some the extract, and others the inspissated juice. These different preparations may be so prepared as to be either good or worthless. The leaves should be dried in the shade, so as to preserve their color. If the color be changed, they are of little use. Very slight chemical changes frequently destroy the virtues of medicines. It is so with the leaves of *conium*, and frequently the color is entirely discharged. The plant may be cut too early in the season, or too late,. The leaves should be gathered just before the petals of the flower fall off. If gathered after the seeds have matured, it is of far less value. If the leaves, when cut, are allowed to dry in the sun, and have two or three heavy dews fall on them, or a shower of rain, they never should be used as a medicine. To destroy this plant, farmers frequently cut it to prevent its seeding. Being a biennial plant, if kept from seeding two years consecutively, it is destroyed. I have seen individuals gather this article to make extracts and inspissated juice, where farmers had cut it down and it had remained two or three days, in as many showers of rain, and its color nearly destroyed. From such extracts, who could judge of the value of *conium*? Physicians, who purchase this article, frequently use such preparations, find it inert, and lose all confidence in the use of it. Those who have been familiar with its use, know very well that different pur-



chases differ greatly in complexion and odor, and likewise in their properties as medicine. They sometimes get an article, that their patients might take in drachm doses, daily, with little or no appreciable effects. The expressed, inspissated juice is more uniform in its operations than any other preparation; far preferable to the extract; but even this as sold in the shops is very variable. The plant may have been cut too early, or too late in the season; or if cut at the proper time, it may have suffered to remain too long in heaps before used, or washed in a storm of days. The juice should be expressed the same day the plant is cut down, and exposed to no other heat than solar. It should be inspissated in shallow earthen vessels, but never in earthen vessels glazed with lead. I have known the juice ferment in a day or two, and acid formed. This might, in some circumstances, act upon the glazing and deteriorate the article, acetate of lead being incorporated with it. It is most commonly inspissated in metallic vessels, such as tin pans and tin plates, &c., and the whole mass in such cases is not green as it should be, but dark brown, or black. Does not a change of color in such instances depend upon some chemical action produced by the metallic surface? Whether it does or not, the article is vastly inferior to that inspissated on common table plates, where its color remains unchanged.

I use considerable conium in my practice, and for two or three years have not employed any except such as has been prepared by myself, or trusted to the care of my students; and when thus prepared, I am no more liable to fail of securing its effects upon the system, than I am with opium or calomel. This plant possesses very considerable and very efficient deobstruent properties. It increases the secretions of the liver, and by this effect indirectly proves a laxative. It combines with its deobstruent qualities, very powerful narcotic properties, which are indicated by its allaying morbid irritability and irritation, morbid sensibility and sensation, restlessness and jactitation. It is recommended by the highest authority in the treatment of neuralgic affections. In the treatment of such patients, I frequently combine equal parts of conium, hyoscyamus and phosphate of iron, given in four grain pills and repeated once in thirty minutes, until the patient obtains relief, or its specific effects require its discontinuance. Everything depends upon the management of an article. We may make a good selection of remedies in the treatment of a disease, yet fail to cure for want of judgment and skill in their appliances. This is most emphatically true of all the vegetable narcotics. Conium may be combined to advantage with the hydriodate of potassa in some of the stages of phthisis, and other strumous affections. Dr. Gibson speaks of its efficacy in the cure of goitre, and it is highly recommended in chronic rheumatism, secondary syphilis, scrofulous tumors and ulcers, &c.

#### CASE OF EXCESSIVE HYPERÆSTHESIA.

By Henry Haines Fox, of Columbia, Penn., in a Letter to Professor Dunglison.

DEAR SIR,—The case of general paralysis followed by hyperacusis, in a boy aged 11 years and 9 months, at the time he was first attacked, and



concerning which I consulted you last winter, has evidently improved in many respects under the treatment recommended by you ; which was, as you will recollect, to avoid as much as possible everything that would tend to irritate, or aggravate him in any respect, mentally or corporeally, and to trust to the recuperative powers of the system.

As the case is a singular one, and may interest you, I will give you a brief history of it from the commencement. The first thing that attracted the attention of his parents was a hard rough cough, which occurred in January, 1844. He had, however, complained occasionally of wandering pains in his shoulders, with slight weakness of his limbs upon rising from bed in the morning, for some months previous to that time, but these soon passed away. The cough became gradually worse, accompanied with pains and soreness in his teeth, mouth and throat ; until the latter part of February, the coughing was almost incessant, especially in the day time, although not attended with any expectoration. At this time a physician was called in, who pronounced the disease to be inflammation of the lungs, and treated it accordingly ; he did not, however, order the patient to lose blood. After the application of the second blister to his breast, the cough left him entirely, and the physician ceased to visit him. It was not long, however, before he began to complain again of his jaws and throat, so that it was with difficulty that they could prevail on him to take nourishment, from the pain and difficulty attending deglutition. From this time he began to lose strength, and became very costive, having no evacuation for several days ; but by repeated injections they succeeded in procuring one. After the first enema he wholly lost the use of his limbs, and has not been able to help himself in the least up to the present period. After the second enema he lost all control over his eyelids, for several days, but it has since partially returned to him. If requested to move them when open, they almost invariably closed in an instant : this condition continued for a period of several months, but he gradually recovered, so that now they are under the influence of the will as well as before his illness. About the first of April, 1844, he began to complain of his head, whenever he was moved, and in a short time his parents were unable to move him or change his position in bed. Owing to his weakened and prostrated condition, they have been unable to ascertain whether there is tenderness along the spine, as the least movement or change of position is attended with the most alarming symptoms ; the last time his bedclothes were changed he remained senseless—perfectly unconscious of everything—for a period of two hours. It was in April that he began to complain of noise affecting him ; and the hyperæsthesia of the organ of hearing soon became so great, that the barking of a dog outside the house would throw him into an insensible state for minutes. Although his ears were well filled with cotton, to prevent as much as possible the immediate contact of noise with the super-sensitive organ, such was his impressible condition that his father was compelled to relinquish farming for several months, being unable to thrash his grain, or drive his team past the house.

In the latter part of summer, he experienced stitches in the posterior

part of his head, which were followed by pain in the back, shooting up to the head; but these finally left him, so that at the present time he does not complain of any. His reason seems to have become impaired with the increase of the malady, especially on some points, though not on all—often conversing for hours without showing any impairment of the mental faculties whatever. His memory has remained perfect throughout the illness; he recollects apparently everything that has occurred, but his temper is greatly changed; he often breaks out into violent rage, and, at the same time, makes use of language which he never did before his sickness. His shyness, or dread of strangers, commenced about the time he lost the use of his limbs. He cannot be prevailed upon by any of the family to permit many of his near relatives to see him, but above all he objects to physicians; for whom he has the greatest dread imaginable. For more than a year anorexia was great, so that it was often difficult to prevail on him to take the least quantity of nourishment; consequently he became greatly emaciated; of late, however, his appetite has improved greatly—he has become more fleshy, and has evidently grown within the last nine months. He has had no medical treatment since his first attack: upon this point his father—in a letter dated February 19th, 1845—speaks thus: “I sincerely believe it was impossible to have resorted to any active means since last May, owing to his great prostration and utter abhorrence of all physicians. I have been expecting every day would be his last for some months.”

Since last April the super-sensitiveness of the auditory nerve has been gradually diminishing, until it has become nearly natural; and he now seldom complains of noise disturbing him, unless it is very loud. His appetite has returned, so that he takes a good share of nutritious aliment; consequently his nutrition has greatly improved, and he has evidently grown in stature within the last nine months. Although still unable to exert any control over his limbs or body when awake, it has been observed, of late, that he does change their position in his sleep. These are among the more marked changes which have occurred since last winter.—*Medical Examiner.*

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#### TREATMENT OF INTERMITTENT FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING observed that there is great discrepancy in the treatment of intermittent fever, I append some of the results of my observations in my intercourse with this disease. These occurred principally during a residence of some two and a half years in the county of Geauga. Most of these cases occurred at an unhealthy location on the Cuyahoga river. The influence of the malaria seemed much greatest at a point where the waters of the river broke over a dam. The cases were of various degrees of intensity, as we left the banks of the stream.

With regard to the various plans of treatment advised by different authors, McIntosh advises venesection in the cold stage. This treatment I

was compelled to relinquish on account of the collapse to which it invariably tended. The indications that he described were fulfilled, so far as the crisis was concerned, but were followed by a train of symptoms too grave to be trifled with. The effect of this treatment was such as to leave no doubt of its value, when there was not too much tendency to a train of typhoid symptoms, to which this location was peculiarly favorable. Emetics and powerful cathartics tended to like results.

Tartrate of antimony uniformly produced mucous irritation, or rather (on account of suggestions to the contrary from worthy professional friends), I will say mucous irritation followed the use of this remedy. After following these suggestions, I found myself relying upon long-tried remedies, viz., moderate purging with sub. mur. hyd., magnes. calc., rubefacients to the epigastrium in cases of gastric tenderness, and the sulphate of quinine, endeavoring carefully to discriminate the proper time for its employment. I found that when my patience and that of my patient held out until the seventh day, relapses were much less frequent than when this remedy was administered earlier. Sulphate of zinc and arsenic were used, but their value was equivocal in comparison to the remedies above mentioned.

My experience, in that location as well as others, dictated that although other remedies are sometimes valuable, yet that the principal reliance must be upon a discriminate use of quinine. Without this discrimination, the physician will be sure to find himself casting about for other remedies.

*Bristol, Ohio, Jan. 6th, 1846.*

C. B. CHAPMAN, M.D.

#### GLASS PESSARY BROKEN IN THE VAGINA.

[Communicated for the Boston Medical and Surgical Journal.]

JANUARY 14, 1846. Was called early this morning to visit Miss R. E. The patient is a maiden lady of about 40, and has been troubled for several years with prolapsus uteri, and for a long time has been obliged to wear a pessary. Those used have generally been of the gum elastic kind, which after being worn for two or three months it was necessary to remove to cleanse, as the secretions which gathered about them became too irritating to bear. On this account, after attending to the removal and introduction of the instrument several times, I recommended the use of the *glass* pessary, as less irritating, less liable to collect the secretions, and more durable. Accordingly I procured and introduced one of size No. 2, Aug. 21, 1845. It answered the end designed, and gave rise to no inconvenience or trouble till this date. On arriving at her residence, she said she had not sent for me because she was sick, but because she was "scared." Inquiring the cause of her alarm, she told me that the pessary had broken—that while standing at the window, doing nothing, she heard a noise, and that any effort since had caused pain as of something pricking her. She could not account for it, unless, as she humorously remarked, it was *frosty*!—it being a cold morning. On examination I found it broken, indeed, into a great number of pieces. Parts of the periphery were in

situ, and all the parts were at the upper part of the vagina. I found I had an unenviable task before me—the extraction of these sharp angular and pointed pieces of glass from the vagina, lined with a delicate mucous membrane, lying in rugæ. I had some doubt of the feasibility of the operation, and some apprehension for the result. But I commenced operations, and after two hours and a half of diligent and most careful manipulations, I succeeded in extracting every vestige of the glass. At least, several examinations afterwards, in several positions of the patient, did not discover the least particle remaining. Notwithstanding the care used, however, the vagina was unavoidably somewhat lacerated, so that a little hemorrhage was produced. Perhaps a tablespoonful of blood accompanied and followed the operation. My own fingers were also cut a little. The central piece, which was entire and averaging  $1\frac{1}{2}$  inch in diameter, having two rims, of which the edges were very jagged and pointed, was the most difficult to extract. Fearing that severe inflammation might ensue, I prescribed the antiphlogistic treatment and regimen, and an opiate and astringent injection to be frequently thrown into the vagina.

16th.—A slight fever ensued, considerable pain of bowels, especially in moving. Also some dysuria and tenesmus were present. Patient complained of a sensation of pricking, which was supposed to depend upon a small piece of glass remaining. A most careful examination, however, did not discover any such thing. The antiphlogistic treatment and injections were continued. The prospect at present (Jan. 20) is that the affair will not result in anything serious.

The patient had a severe fall on the fundament about ten days previous, but the absence of any pain or uneasiness from the pessary would lead to the conclusion that the instrument could not have been broken at that time. The number of pieces of glass extracted was fifty, of all shapes and angles.

The inference from the above is very plain—that there is danger attending the use of glass pessaries. In future, in my own practice, I think I shall not employ them, so long as others can be obtained. W.

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#### RADICAL CURE OF TWO LARGE UMBILICAL HERNIÆ OF TWENTY YEARS STANDING.

[Communicated for the Boston Medical and Surgical Journal.]

A LADY, aged about 53 years, had given birth to many children and become very corpulent, muscles loose and pendulous, in consequence of which she had suffered for 20 years from a large increasing omental and intestinal tumor, situated above, and to the left side of the navel. The omental portion of the protrusion had resisted every effort at reduction by taxis and other measures, from time to time made use of. In truth, it had been considered, by the patient and friends, an irreducible rupture for twelve or fourteen years; causing great suffering, at frequent intervals, from colic pains, constipation of the bowels, flatulence, swelling, sinking at the pit of the stomach, soreness, &c. After ten days' perseverance

with the usual treatment and manipulation, the whole hernial tumor was returned into the abdomen, leaving an opening through the abdominal parietes sufficient to admit three fingers. The subcutaneous operation for the radical cure was now performed, giving but little pain or uneasiness to the patient, and resulted in the most gratifying success. But four or five weeks were necessary to cure the patient of her troublesome and dangerous complaint, so rapid was her convalescence. She has since continued well ; general health and spirits greatly improved.

A gentleman of about 55 years of age, very fat, weight over 300 pounds, has been troubled with an umbilical rupture for 20 years. The protrusion had assumed a double form, situated on either side of the navel ; that on the left side was much larger, more prominent, soft, and elastic to the feel, than the one situated on the right side. The patient, before applying for treatment, had made use of a great variety of bandages, belts, trusses, &c., hoping to retain the protruding parts, but had utterly failed in all his attempts, and was now going about without any external support. The tumor of the left side of the navel had been constantly present, projecting freely, apparently without any hernial sac, and thought to be irreducible in part, for many years. Moderate and gentle pressure, even in the recumbent posture, made but little impression for the first few days on the protrusion. It was not until one week of great perseverance in the usual preparatory treatment, that the hernia could be sufficiently reduced and retained within the belly, to admit of the operation for a radical cure, as in the above case. After subduing the constant tendency to protrude, existing in the parts concerned, situated on the right side of the navel, or median line, I operated for a radical cure, and was somewhat surprised to find a considerable escape of fluid from the slight puncture made in the integuments. Water is frequently found to exist in the hernial sac of an old serotal hernia, but very seldom in an umbilical. As there were no indications of the presence of fluid on the left side of the navel, it is reasonable to believe that this must have existed for some time in a sacculated state. The operation and treatment which I find so uniformly successful in other forms of hernia, proved eminently so in this case, closing up the broken parts in a few days' time, and completing the cure in about three weeks. The patient, just before the commencement of his treatment, took a severe cold, which brought on an attack of spasmodic asthma, accompanied with cough, thereby preventing him from lying down in bed, day or night, for about two weeks. He felt no pain from the operation, and but slight pain at any time subsequently during the whole treatment and cure. He was also able to walk about his room from day to day, and go out back when necessary. What to me seemed not a little remarkable in the case, was that the protrusion on the left side of the navel, although seeming to be unwilling to yield by taxis and other means, and return into the abdominal cavity, showed no disposition to re-appear externally, after the first six or eight hours from the operation.

*Boston, January, 1846.*

G. HEATON, M.D.

## THE USE OF INSTRUMENTS IN CHILDBIRTH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I noticed in your Journal of the 21st inst., a communication of Dr. Comstock, in which he puts some interrogatories to the profession. The first is, "What proportion of cases of midwifery, that have fallen within your practice, have required instrumental aid; and of those, what have been delivered by the forceps?" In order that I may answer this question to the understanding of your readers, it will be necessary to state how many cases of midwifery have been under my care. I have attended twelve hundred cases of midwifery at the full period of utero-gestation; of these cases two have had the forceps applied, and in one craniotomy has been performed. In answer to the second question, I would say that the application of the forceps in one of the cases was unnecessary, the powers of the woman not flagging at all; and the consulting physician acknowledging that the labor would take place in two hours by the unaided efforts of nature. To the third question I can only say that I have never seen a woman injured from a too long retention of the head; whereas, in the forceps cases it was a long time before the parts recovered their tone. To the fourth interrogatory—"Have you ever seen a ruptured uterus from the use of ergot?" I answer that I have not, nor any other injury to the woman. There has occurred one case of ruptured uterus in the twelve hundred, and that took place from a hydrocephalous head without any irritation of the uterus by artificial means. The woman lived four days, and died from peritoneal inflammation. The ergot may often supersede the application of the forceps where there is no disproportion between the head of the child and the pelvis of the mother; but the pains are feeble, and there appears to be a want of muscular power in the uterus. I should have no fear of ergot ever proving injurious to the mother, but to the child it is somewhat hazardous unless there is a long interval between the labor pains. When that is the case, ergot may generally be given with safety to the child.

Of these twelve hundred women, several have had puerperal fever; but one has died of it. One woman died of pleurisy, being attacked with it on the day previous to the labor. By far the greater number of deaths have occurred some months after confinement, from consumption or canker. The proportion of deaths that have taken place from all causes, I have neglected to notice.

Yours respectfully,

Quincy, Mass., January 22, 1846.

E. WOODWARD.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 28, 1846.

*American Medical Congress.*—Effort after effort has been made, in the United States, to bring a delegation of medical gentlemen together, from



the different States, for the purpose of elevating the national professional character; but with uniformly bad success. The last proposition for this great and desirable object, emanated, last season, from the Medical Society of the State of New York. A circular, freely distributed over the Union, invites the various local societies to send representatives, and proposes an organization of the College of Delegates some time the ensuing spring. What action has been taken in the different States cannot yet be ascertained, although favorable notices of the plan have appeared in all the Medical Journals. We fear, however, that there is too much apathy on the subject in the ranks medical. The tardiness with which medical men move in great enterprises affecting their own collective reputation, is astonishing to all other cultivators of science.

If any act could redound to the lasting reputation of the medical character of this country, it would be the election of such a congress as is now proposed; yet we have but a faint hope that its projectors will ever realize their expectations. Boston might and should send twenty or more of her most prominent physicians to the great meeting; Lowell, Salem, and other places where organized associations exist, one or two each; thus manifesting the zeal of the profession in a scientific movement that marks the age in all other countries. At the great association of astronomers in Europe, not long since, the United States was the only civilized country not represented—and it was therefore very reasonably concluded that astronomy had no advocates in the new world. If this last call for an American Medical Congress prove an abortive effort, it will be mortifying intelligence to the scientific of other countries, as well as to all Americans resident abroad.

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*Paris Museum of Comparative Anatomy—Medical Congress.*—Mr. Walsh, in one of his recent European letters, speaks warmly of the united zeal of the medical profession in France—and in Paris particularly. They have been filling up a new Museum of Comparative Anatomy, which is described as a *magnificent creation*. In Paris a numerously attended Medical Congress was not long since in session, whose proceedings attracted more attention than any other professional assemblage that ever appeared in France. At first, the sittings are described as having been boisterous and disorderly. The Minister of Justice attended, and by the light he gathered, has prepared a bill for a medical organization, which he is intending to present to the Chamber of Deputies. Mr. Walsh says, further, that the American faculty will find matter worthy of their heed in the reports of the committees of this learned Congress. The programme of the questions offered for solution, occupied more than eight quarto pages. In that brilliant assembly of eminent physicians and surgeons, M. Manuel Serres, the president, is thought to have been one of the most profoundly learned.

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*Proposed Hospital in Brooklyn, N. Y.*—In the Sailor's Magazine for January, it is announced that a Capt. Hubbard, of the packet ship Quebec, has offered \$25,000 towards the establishment of a hospital at Brooklyn, opposite New York, provided the whole interest of that sum be paid to him during the remainder of his life—and one half during the life of his



mother, if her already advanced life should be prolonged beyond his own. Augustus Graham, Esq., has furnished \$5000 more, on the same conditions. A meeting has been held with a view to raising funds to the amount of \$15,000 for purchasing a plot of ground in a proper location.

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*Death of a Drunkard, once a Physician.*—A short time since, the Rev. Mr. Robinson, of the Episcopal Seaman's Mission, of this city, found a miserable-looking sailor sitting in the street, reading a Greek poet. He was conveyed to Chelsea Hospital, and here is his last history, from the Christian Witness.

"Thursday, very anxious for poor Deven; fear he will not get well; his case has excited much interest wherever I have mentioned it. Born in Philadelphia, of respectable English parents, he was sent, after a preparatory course of study, to Oxford, England, where he graduated in 1819. Thence he went to London, and attended the Medical College, where he received his diploma. His history from that time is mostly involved in mystery. Some six years since, he entered as surgeon in a Portuguese regiment, at Tenor, in the East Indies, which situation he held about five years, when he left to return to the United States. The vessel in which he was a passenger, was wrecked on the Island of Madagascar, when he lost all his effects. From Madagascar he went to the Isle of France, where he shipped as a common sailor, in a bark which arrived at Salem in the middle of November. Found him in a state of extreme destitution; provided him with necessary clothing, and made arrangements for keeping him near me and under my influence a little while, in the hope of his restoration to that position in society, which he was educated to occupy.

"Saturday. To-day heard of the death of Deven. His history, which he promised to write out for me, must now remain a secret. Possessed of superior natural powers, and an education more thorough than most young men of our country, he might have shed lustre on his profession, had not the demon, intemperance, obtained the mastery over him. A native of the same city, and acquainted, as he stated, with me in my childhood, I have felt the most prayerful solicitude to reclaim him if possible; and cannot but think if we had had a 'home,' where he could have been received and carefully watched over, he might have had a longer space for repentance and reformation."

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*African Climate.*—The climate of Africa, thus far, according to Mr. Pinney, formerly Governor of Liberia, is fatal to Europeans and Americans, to a melancholy extent. Of sixty-two missionaries who went from the United States, forty-two of them died within a few months after landing; and of the twenty survivors, eighteen have returned home, with broken constitutions. Still, on the authority of Dr. Lugenbeel, the present philosophical colonial physician, the mode of becoming acclimated is no longer a problem. If foreigners, visiting Africa, would not insist upon having a diet like that they were accustomed to in a temperate zone, there would, in reality, be much less to fear from the destructive influences of the African climate.

*Animals preserved in Fluid.*—A Mr. Goadsby, of London, has a splendid collection in comparative anatomy, preserved in a preparation of his own discovery, after a laborious and expensive research. Prince Albert has been to see it, and Sir Robert Peel, the Premier. The latter presented Mr. Goadsby £150 from the Royal bounty fund, as a reward for his labors in this valuable department of natural history.

*Treatment of Aneurism by Compression.*—Dr. O'Brien Bellingham, of Dublin, is the author of a work lately published on the Treatment of Aneurism by Compression. Statistical details are given to show the advantage of compression over the ligature in many cases treated by the author. The following are the deductions drawn by Dr. B. from his inquiry.

"1st. That the arteries to which pressure is applicable, being far more frequently the subject of spontaneous aneurism than those to which it is inapplicable, compression promises to supersede the ligature in the great majority of cases.

"2d. Pressure has several obvious advantages over the ligature, being applicable to a considerable number of cases to which the ligature is contra-indicated or inadmissible.

"3d. The treatment of aneurism by compression does not involve the slightest risk; and even if it should fail, its employment not only does not preclude the subsequent operation by ligature, but renders the chances of the operation by ligature more favorable.

"4th. Such an amount of pressure is never necessary as will cause inflammation and adhesion of the opposed surfaces of the vessel at the point compressed.

"5th. Compression should not be carried even so far as completely to intercept the circulation at the point compressed; the consolidation of the aneurism will be more certainly and more quickly brought about, and with less inconvenience to the patient, by allowing a feeble current of blood to pass through the sac of the aneurism.

"6th. Compression by means of two or more instruments, one of which is alternately relaxed, is much more effectual than by any single instrument.

"7th. Compression according to the rules laid down here is neither very tedious nor very painful, and can be maintained in a great measure by the patient himself.

"8th. An aneurism cured by compression of the artery above the tumor, according to this method, is much less likely to return than where the ligature had been employed."

*The late Dr. James Johnson.*—There is no name in our profession more familiar to the American physician, or one more respected and influential as a medical writer, practitioner, and reviewer, than that of Dr. James Johnson, late editor of the *Medico-Chirurgical Review*. There is no individual, we may add, of the present age, in the profession, who has exerted so extensive and salutary an influence over medical opinions and practice, in both hemispheres, as Dr. Johnson; and now that we are called upon to record his death, we feel that one of the greatest lights of our science is extinguished, and that there is no living physician who can fully supply his place. There is no question, but that American practitioners are more indebted to this eminent writer, both in his capacity of

author and reviewer, for correct views of the pathology and treatment of our prevailing diseases, especially those of the southern and western portions of our country, than to any other, we had almost said to all other writers. We need but allude to his admirable works on "Tropical Climates," on "Indigestion," and his "Philosophy of Health," to say nothing of his Review, which, from its re-publication here, has had a very extensive circulation. Dr. Johnson expired at Brighton, on the 9th of October last, after a short illness, in the 69th year of his age.—*New York Journal of Medicine*.

*To Prepare Pure Caustic Potash.* By Mr. Bizio.—The best method of rendering potash and soda caustic, is to mix a solution of one part of the dry alkaline carbonate with one part freshly prepared hydrate of lime, and allowing it to stand in a close vessel for twenty-four hours, at a temperature of from 68 deg. to 70 deg. Fahr., shaking it frequently. The potash salt should be dissolved in 12 to 15, the soda salt in 7 to 15 parts of water; the carbonate of lime separates in a granular state, and the clear caustic ley may be decanted.—*Chemical Gazette*.

*Poisoning with Phosphorus.*—To discover the phosphorus in cases of poisoning, Runkel allows the suspected matter to digest with bi-sulphuret of carbon; after filtering, he shakes with alcohol, and then applies a gentle heat and evaporates the bi-sulphuret until only a few drops are left, and by throwing hot water upon this, the phosphorus is obtained in the form of oily drops that solidify upon cooling.—*Chemist*.

*Medical Miscellany.*—Twenty-seven persons over 70 years of age, died the last year in Newport, R. I. The aggregate of their ages was 2168; and the average, 80 years. The oldest of them was 96.—Mortality of Amherst, Mass., in 1845, 47—of which, 35 were females. Of the whole, 11, being nearly one quarter, were of pulmonary consumption. In 1844 it is believed that more than three quarters of the deaths were females.—A professorship of *phrenology* has been established in the Andersonian University of Glasgow, Scotland, and Dr. Wier, a distinguished physician, appointed to the chair. Of the 1269 students in the institution, 400 of them are medical.—The mortality of Bristol, R. I., 1845, was 72, being 25 more than in 1844.—In the city of Rome there is an asylum for the insane, and another for the deaf and dumb.—Three fourths of the women married annually in Rome, receive dowries from a charity fund, raised for that purpose. It is asserted that \$32,000 are expended in that rational way, in a single year.—Dr. Lugenbeel's letters from Liberia, which appear in the African Repository, show him to be a man of enlarged views, and eminently qualified, by nature and education, to give distinction to the office of Colonial Physician.

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DIED.—In Boston, Joseph Cullen Ayer, M.D., 34.

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Number of deaths in Boston, for the week ending Jan. 24, 44.—Males 27 females 17. Stillborn, 5. Of consumption, 7—smallpox, 4—lung fever 5—scarlet fever, 1—child-bed, 2—inflammation of the lungs, 3—dropsy on the heart, 1—rupture of bloodvessel, 1—typhus fever, 4—teething, 1—inflammation of the brain, 1—dropsy, 1—convulsions, 1—paralysis, 1—infantile, 2—old age, 2—scald, 1—pleurisy fever, 1—erysipelas, 1—jaundice, 1—throat distemper, 1—unknown, 1. Under 5 years, 18—between 5 and 20 years, 1—between 20 and 60 years, 19—over 60 years, 6.

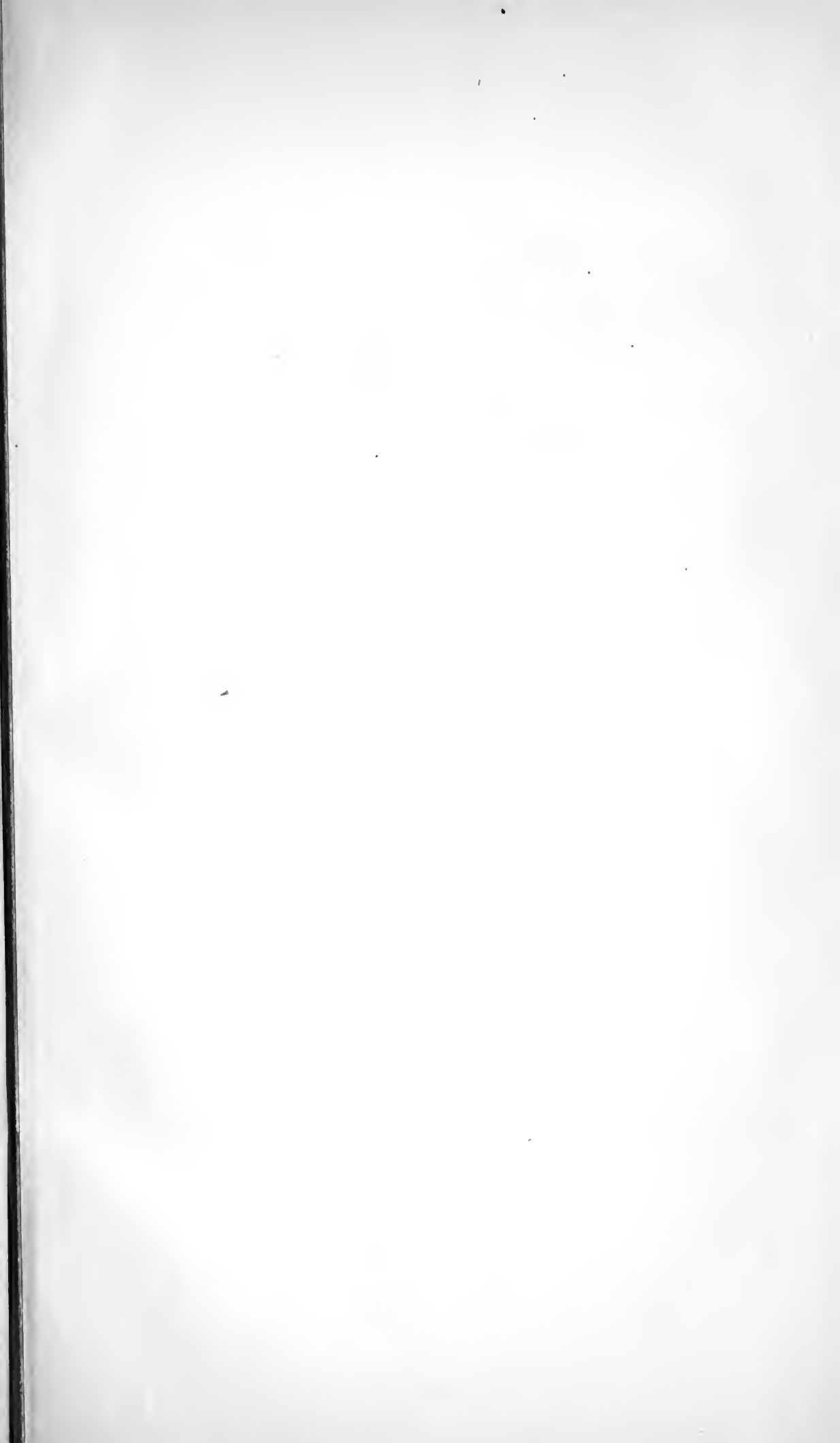
*Pulmonary Consumption in England.*—The deaths entered yearly in the returns of the Registrar-general under the head of consumption, amount to little less than 60,000. Of these, nearly a half occur at ages at which pulmonary consumption is acknowledgedly of rare occurrence. Thus, of 7282 deaths entered as consumption in the mortuary registers of the metropolis on the average of the two years 1840 and 1841, as many as 1560 occurred before 15 years of age, and 374 after 60 years of age, leaving for the interval from 15 to 60 only 5344 deaths. Many of the deaths under 15 occurred at very early ages, and many of those after 60 at periods of life at which true pulmonary consumption is known to be extremely rare. Tubercular deposits in the lungs, it is true, are often met with in the bodies of children dying of other diseases, but death from pulmonary consumption among children is known to be comparatively rare. In endeavoring to correct these evidently erroneous returns, Dr. Guy, in a late work on the Influence of Employments on Health, starts with the assumption that the number of deaths entered as consumption between the ages of 15 and 60, are a near approximation to the true number, and then proceeds to calculate the number which may be supposed to occur before 15 and after 60, by means of the deaths occurring at those ages in the London Hospitals during the year 1840. It is obvious that this mode of estimating the number of deaths from consumption is merely a very general approximation, which may require correction; but it is doubtless much nearer to the truth than the numbers given in the reports of the Registrar-general. Adopting this mode of calculation, Dr. Guy reduces the number of deaths occurring annually in the metropolis from pulmonary consumption to 5560, and by means of a calculation, in which we do not think it necessary to follow him, he estimates the total annual mortality for England and Wales at very nearly 36,000. He estimates the mortality from consumption in the metropolis at one eighth of the deaths at all ages, and somewhat less than a fourth of the deaths occurring above 15 years of age; and for England and Wales at less than one ninth of the mortality at all ages, and one in less than six of the deaths occurring above 15 years of age.

The waste of adult life from pulmonary consumption in England and Wales, that is to say, the number of deaths from consumption which might be prevented if all classes were placed in circumstances as favorable as those of the higher orders and of the professions, is estimated at 5,000 a year, and a strong opinion is expressed by our author that this number is much below the truth. The estimate goes on the supposition that the waste from pulmonary consumption occurs only in the metropolis and about twenty of the largest cities, and that the only class whose lives are thus sacrificed is the laboring class. The great liability to pulmonary consumption of the class of tradesmen shows that a large addition might be made from this source.—*British and Foreign Med. Review.*

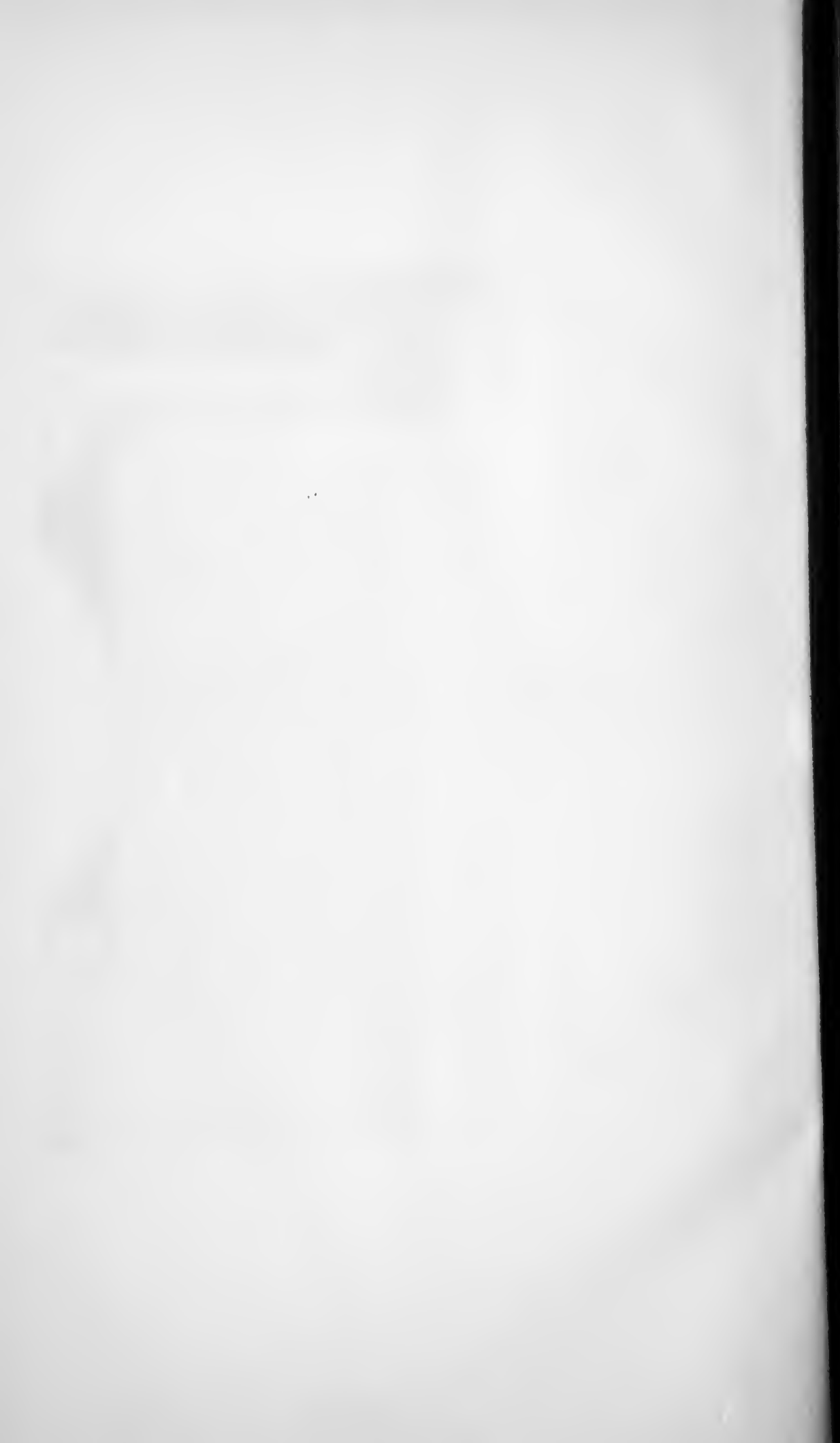
*Physicians in Buffalo.*—The Buffalo Medical Journal says that the city of Buffalo, with a population of near 30,000, has 78 physicians, including medical practitioners of every denomination. "We have thus," our contemporary observes, "a professed practitioner of medicine for less than every 400 of our population. In view of these circumstances, Buffalo can hardly be said to offer what is technically called an 'opening' for new practitioners. In this respect, however, it is not peculiar."











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